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The Canadian Nurse

By Dr. HELEN MacMURCHY, Chief, Child Welfare Division of Pensions and National Health, Ottawa.

The sight of a copy of *The Canadian Nurse*, Vol. I, No. 1, March, 1905, calls up many happy memories. No editor ever had a more loyal and generous Editorial Committee than the first editor of *The Canadian Nurse*. The names of Miss Mitchell, Miss Lennox, Miss Hargrave, Miss Christie, Miss Beam, and Miss Hodgson deserve to be remembered in the history of the profession in Canada.

Miss Mitchell made great efforts and great sacrifices for *The Canadian Nurse*, and they have borne good fruit. Miss Christie, our business manager, was a tower of strength. Miss Hargrave was in charge of the "Hospital and Training School Items," the most popular department in the journal. Miss Robinson of Galt, Miss Hodgson, Miss Lennox and Miss Beam never failed to support and advise wisely, and they built better than they knew.

Our simple financial policy was to divide our money into four parts and to issue a quarterly magazine costing not more than this sum.

The contributions to the first number set a high standard. Miss Snively's article on the Toronto General Hospital Training School for Nurses and her photograph are as fresh and interesting as ever. Mrs. Isabel Hampton-Robb's article on The Nurse and The Public may be read with profit today as well as twenty-five years ago. Miss Gordon's paper on Emergency Nursing, Miss Eastwood's on State Registration, the Correspondence Department by Miss A. Maude Crawford of Winnipeg, and the Hospital and Training School Items gathered and edited by Miss Hargrave reflect great distinction on those who prepared them.

The Canadian Nurse has not only lived for twenty-five years, but has been a credit and a help to the profession, and one can only hope that it may in the future, as in the present, be worthy of its work and its history.

Another great strength to the magazine was its Board of Collaborators: Miss Chillman, superintendent, General Hospital, Stratford, Ont.; Miss Shepherd, superintendent, General Hospital, Guelph, Ont.; Miss Scott, superintendent, Ross Memorial Hospital, Lindsay, Ont.; Miss Gordon, superintendent, General Hospital, Kingston, Ont.; Miss J. Christie, superintendent, Lakeside Hospital, Cleveland, Ohio; Miss C. M. Hall, superintendent, W. C. Hospital, Jamestown, N.Y.; Mrs. Pafford, Toronto; Miss F. Sharpe, superintendent, General Hospital, Woodstock, Ont.; Miss Gregory, superintendent, St. Luke's Hospital, St. Louis, Mo.; Miss Mollie Stuart, superintendent, Marion Sims Sanitarium, Chicago, Ill.; Miss A. Maude Crawford, Winnipeg, Man.; Miss J. Neilson, New York, N.Y.; Miss Newman, Phurlow, Victoria, B.C.; Miss Lawder Sutherland, Lakeside Hospital, Cleveland, Ohio.

The profession may be congratulated upon the fact that the desires expressed in the Foreword have largely been realised.

Tuberculosis and Community Health

By Dr. A. H. BAKER, Medical Superintendent, Central Alberta Sanatorium.

The idea that the general health of the community is intimately concerned with tuberculosis has been firmly and widely established in recent years. In early times any such belief was limited to individuals and was not founded upon any exact knowledge, and yet we find that about 150 years ago Italy enacted a law which concerned itself with the control of tuberculous infection. Some of the clauses of this Health Law were as follows:

1. That the physician shall report a consumptive patient when ulceration of the lung has been established, under penalty of three hundred ducats for the first offence and banishment for ten years for repetition of it.

2. That household goods not susceptible of contamination shall immediately be cleaned, and that which is susceptible shall at once be burned and destroyed.

3. That the sick patient shall at once be removed to a hospital.

4. That superintendents of hospitals must keep clothing and linens for the use of consumptives in separate places.

The real scientific basis for such regulations was not discovered until years later. Then it was that Villemin, a French physician, proved conclusively that tuberculosis could be transferred from individual to individual, and later in 1882 Robert Koch identified the tubercle bacillus as the primary cause of tuberculosis. These discoveries placed the question of the communicability of the disease on incontestable grounds, and swept away from our literature all vague reference to vapours and imaginary substances to be avoided in dealing with consumptives. It became apparent then that this communicable disease, which had the name of the "Great White Plague," had a very definite and vital relationship to any programme looking towards the improvement of the health of the people.

High hopes were entertained forty years ago that this disease could be rapidly wiped out. If tuberculosis was caused by germs, it seemed feasible to control the source of infection and so to prevent the spread with its resultant ill health. But such optimism was premature, for the task was more difficult than was anticipated and involved more knowledge than was available to our fathers or even to us.

Disturbing facts were noted. Not all who were exposed to infection developed the disease, and those who did so might remain well for years following the contact. This made the control very difficult and remote, for how could one discover the people who harboured infection but were not clinically sick. Then followed the tuberculin skin test of Von Pirquet, which has stood the crucial test of time, and still remains our most reliable method of discovering the presence or absence of tuberculous infection in the living individual.

As a result of all such work we now know that the majority of adults in civilised countries have been infected with tuberculosis and that this infection is already common in the public school period of a child's development. Human lives, as we know them, are lived in spite of tuberculous infection. This disease has a definite effect on society, and one wonders at times whether the tubercle bacilli in our bodies which never make us sick, have any favourable or unfavourable influence. Wherein would English history differ had Henry VIII not replaced his older brother Arthur, who died in childhood of tuberculosis? And so

(Read at the joint annual meeting of the Alberta Association of Registered Nurses and the Alberta Hospital Association, November, 1929.)

we might multiply instances of famous people who died prematurely or gained their fame while fighting this disease.

The cause of tuberculosis as we see it, is the presence of infection in the individual, plus the sum of all conditions of employment, recreation and physical environment. Many factors contribute to its incidence. Poverty, unemployment, periods of financial depression, lack of proper food, overcrowding, the size of the family, unhygienic living and working conditions, dust, stone quarries, quartz mining, too much play, too much work, loose living, bodily injury, childbearing, physical defects, tonsils, adenoids, malnutrition, worry, unhappiness, in fact, what Krause has termed "the stresses and strains" of all sorts. The community with the fewest of these unsatisfactory conditions maintains the lowest incidence of tuberculosis. In certain poorer districts of New York city the amount of tuberculosis, according to report, is fifty times that of more favourable districts. Such facts as this but emphasise the relation of disease to physical surroundings.

Just what rôle inheritance may play in the development of this disease has not been definitely settled, but we may say that from our present knowledge, very few babies are born with tuberculosis. Sooner or later the infant, child or young adult comes into contact with a spreader of tubercle bacilli; it may be a member of the family, nursemaid, school teacher, or chum, the casual contact in the restaurant or theatre or even the family cow. The majority of such exposures result only in localised disease which may cause no sense of ill health, and gives rise to a degree of protection, or in other words, vaccination takes place.

At the present time everyone is very much interested in the work of Calmette. He has produced a vaccine known "B.C.G.," which is being used extensively in many parts of the world, and which may yet prove of great value in the prevention of tuberculosis. It is hoped that through this vaccination, immunity may be produced in the individual, which will prevent the development of the disease tuberculosis. The time to use this vaccine is before chance infection has taken place. This means immediately after birth in the case of infants born into tuberculous households, but may be undertaken at a later age in those free from all infection. Reports from many countries of results obtained are very encouraging, and even in our own province we might well consider the advisability of using this vaccine.

We are accustomed to think of the disease as being of slow development, and yet we are finding that the time interval between latent or hidden disease and the apparent or clinical disease may be only a matter of days. Frequently the severe cold or the recurring attack of so called "flu" is the warning of tuberculosis, and the more widely this fact is appreciated the more quickly will people seek thorough examination. These early attacks before gross changes have taken place may remain unrecognised unless the examination includes x-ray study.

The disease is everywhere. A study of patients admitted to the Provincial Sanatorium and of reported deaths in the province, reveals the fact that almost every municipal district in the settled portion of Alberta has contributed one or more cases to the quota. Nor are these numbers made up of new arrivals. The majority have lived here for years and many have been born in this land of sunshine, so that try as we may we cannot avoid contact with the tuberculous.

The keystone of public health work is prevention. This is accomplished not by theorising but by getting out and determining where the disease is and then by instituting

proper measures of control. In this work of discovering, the responsibility lies primarily with those engaged in the medical services: the physician and nurse. Even with these professions on the alert, many will become hopelessly sick before being diagnosed, since the people do not seek assistance until compelled to in many cases, while in others there is no sense of ill health till it is too late.

An unrecognised case of tuberculosis is like a hole in a road with no warning sign, a danger to all passers by, but the moment its location is made clear, the risk to all is greatly reduced.

It is the desire to encourage examinations and to make them available to all people irrespective of financial conditions, that has prompted the Department of Health through the Sanatorium, to conduct free chest clinics at stated times and places. Two are held every Wednesday afternoon, the one at the Sanatorium and the other in Calgary. This last is financed and operated by the Tuberculosis Society of that city. Similar work is carried on in Edmonton on the first and third Fridays of every month at the University Outdoor Clinic. At regular but less frequent intervals, a sanatorium physician spends one or more days in some of the larger centres of population, such as Medicine Hat, Lethbridge, Drumheller, Red Deer and Camrose. Nor are the smaller towns neglected, for the travelling diagnostician makes extended trips to all parts of the province and conducts examinations. A definite effort is made in all this work to keep in touch with every family where there is or has been a case of tuberculosis, so that any or all of the contacts can be checked over. Last year 875 such examinations were made, and this number will be considerably increased during the current year.

Such efforts, together with those of the practising physicians, bring to light more and more cases of disease, and make it possible for the various municipal health boards to institute necessary preventive measures. It is a regrettable fact that the rural parts of the province are not more effectually organised from the standpoint of public health and its administration.

Why spend money to discover new cases and to help them? Let me give you a few examples which have been taken more or less at random:

Nine years ago in a city of this province a mother died at home of tuberculosis. Today she is survived by a husband and two children; one, a boy fearfully crippled with a tuberculous spine and hip; the other, a girl of sixteen years of age who has spent a considerable time in the sanatorium.

A father some ten years ago living in Calgary had pleurisy and was considered tuberculous. He still lives and works, and rather unwillingly last year consented to be examined. Old disease of one lung was found. Two years ago one son, twenty years of age, died of tuberculosis and two daughters, young women, are seriously sick.

A father, apparently healthy, states that "sixteen years ago he came West for his lungs." One daughter is permanently and totally disabled with tuberculosis, another has had treatment while a third has definite signs of what is considered healed tuberculosis. Such instances are cited to bring to your attention once more that tuberculosis is an infectious disease, transmitted from person to person. This danger is greatest to those in the same household.

If anything can be done by supplying hospital or sanatorium treatment, or other means, to prevent the spread of this disease, it is money well spent. May I repeat? One mother and two fathers sick and the result, one boy of twenty, dead, an-

other hopelessly crippled, three girls receiving sanatorium treatment, one ex-patient now in bed at home, and two apparently well. One generation had three casualties, the next seven and a possible eighth.

The work has its discouragements and sorrows. In south-west Calgary is a family: father, mother, two daughters and two sons. The father is a misfit, has no work and never had any, the two young daughters support the family; one son aged seventeen is dying if not already dead of tuberculosis, and the young lad aged twelve, and here is the tragedy, has slept and is sleeping in the same bed with his dying brother. It will be a miracle if this young lad escapes. You ask me why something has not been done to prevent this? Well, our nurse can neither persuade nor compel the family to change its way of living. A stronger public opinion, a more enlightened public, a more energetic supervision by the health department is required. I need not worry you with other sordid tales.

The importance of the discovery of cases cannot be stressed too earnestly. The prevention of spread of infection requires in many cases the separation of the sick from the well, for many homes are not so organised as to allow of safeguarding practices. There is much to be said in favour of sending patients to sanatoria and hospitals. Where this is not feasible, I am convinced that the regular visits of the tuberculosis nurse are essential, if preventive measures are to be followed day by day. This is the practical and effectual measure of putting across useful information to those in need of it.

Times have changed, knowledge has increased and results in preventive medicines are more tangible. The average length of life has increased, infant mortality rates are falling, tuberculosis deathrates are diminishing, and general living conditions improve. Many agencies contribute to these and other happy results. I believe that we are justified in maintaining that the consistent and persistent anti-tuberculosis campaign during the past thirty years, has had no small part in these gratifying improvements.

This campaign has preached and put into practice a doctrine of fresh air, thorough ventilation of houses and sleeping porches, of pure and sufficient f o o d through inspected foods and clean milk, of sunshine through advocating light treatments and sunny climes. It has advocated and conducted thousands of physical examinations for the detection of chest disease and other defects. It has drawn attention through diversified studies to the lack of hygienic conditions throughout the w h o l e country.

This has been carried on throughout the length and breadth of the land with varying degrees of intensity and success. It is assuring to know that since the beginning of the present century the death rate from tuberculosis in Ontario has fallen to approximately one-third of what it was. The city of Hamilton, during the period 1905 to 1925, reduced its tuberculous deathrate from 120 per 100,000 to 39.5. Numerous other encouraging statistics could be presented.

Last year in Alberta 334 persons are reported as dead of tuberculosis. Rate 52.8. It may seem that this is not a large number of deaths but it must be remembered that there are at least seven living cases for every death, so that we have between two and t h r e e thousand tuberculous people, and every one is a possible source of danger to others. The more populous our province becomes the greater is the tendency to increase of disease unless proper precautions are taken.

Editorial

A Quarter Century

In March, 1905, the first copy of *The Canadian Nurse* was published, with Dr. Helen MacMurchy as editor. Elsewhere in this issue is a short article by Dr. MacMurchy in which is brought to our attention those nurses who collaborated in the development of the *Journal* in its first years. During 1905 and 1906 the *Journal* was published quarterly, and in January, 1907, it made its first appearance in monthly form.

A quotation from a letter to the present editor in March, 1928, from one of the nurses who assisted in the beginning, graphically describes some of the experiences of that first year. "I doubt if what I can remember of the beginnings of our publication are very vivid in my cells of memory. . . . I was near the final examinations and looking ahead for some good and reliable publication in the nursing world which would be of use and value to me when I would be away from the centre of nursing. . . . To my way of thinking, it seemed a pity that Canada could not have a journal of her own, so we talked it over at one of our Alumnae meetings. I believe that before this Dr. Helen MacMurchy had been speaking about the very same thing, in fact, I think she had already formulated some plans for setting up a small sheet or two. Anyway, the next thing was that Dr. MacMurchy called a special meeting of those interested in a Nurses' Journal, at her house. If I am right, there were only five or six responded, I being one of them, and maybe the most outspoken one. . . . I am sorry I cannot remember any names of those who were present at that first meeting, although I think Dr. Helen's sister, Miss Marjory MacMurchy (now Lady Willison of Toronto) helped us in the matter of how news should be set up and as to the general business of printing, getting advertisements, etc.

"My job was to report doings of the nurses and items of new methods employed in the technique in the Operation Room and the Ward. Also, I am sure I did some proof-reading in my off-hours as well, as I remember having to rush down to Dr. MacMurchy's house between my hours off duty with bundles of papers. Miss Snively, who was our Superintendent of Nurses at that time, was exceedingly sympathetic towards the project, and helped us in many ways.

"After I had completed my training I went as Superintendent of Nurses to the ——— Hospital, U.S.A., and from there I sent items of new methods and other interesting news to Dr. MacMurchy. My sister (Dr. ———) was an intern at the same hospital, so when her time expired I decided to come to Western Canada with her. I joined a local Nurses' Association and constantly brought the subject of our *Journal* before the nurses, and you would be surprised to know that it took years before the prejudice against a wholly Canadian Nursing Journal died out. The idea had taken firm hold that 'nothing good or of interest to the Nursing Profession could some out of Canada'. Those of us who were anxious to see Canada hold her own had many a depressed night, fearing that our publication would die a natural death for want of nutrition. . . . I do hope that the newer generation of nurses will value the work that we older ones have tried to do for them, and that they will shoulder their responsibilities with regard to upholding *The Canadian Nurse*, and be enthusiastic about it. Lukewarmness is no use, nor is the 'Let George do it' spirit; so more power to you."

During the first six years the *Journal* was published under the able editorship of Dr. MacMurchy, who laid a splendid foundation for a national journal of nursing in Canada. The nurses of today acknowledge with greatest appreciation the efforts put forth on their behalf by Dr. MacMurchy and the Editorial Board.

Miss Bella Crosby, who had been assistant editor, became editor in January, 1911, and from then until August, 1916, she contributed very greatly towards the *Journal's* existence and development.

At the annual meeting of the Canadian Nurses Association in 1916, the Association was given an opportunity to purchase the *Journal*. This offer was accepted, and the *Journal* became the property of the Association. From 1905 until 1916 publication had been made from Toronto. Following the change of ownership in 1916, the office was moved to Vancouver and Miss Helen Randal accepted the editorship. The ensuing years were most difficult ones for such a publication; printing costs increased; business firms were inclined to pare their budget allocation for advertising to a minimum, and large numbers of our nurses were Overseas on active nursing service.

After the National Office was established it was decided to transfer the office of the *Journal* to headquarters in Winnipeg, so since October of 1924 *The Canadian Nurse* has been published there.

It can be stated that the same principles that early developed the *Journal* so successfully have continued to shape it through past years and will be adhered to for the future. It is the desire of the Association to make the *Journal* thoroughly representative of the best in Canadian Nursing, that is, that the profession of nursing in Canada may take its proper place in the world of nursing.

No doubt there are divers opinions as to how a *Nursing Journal* should be planned and developed; however, it will be agreed that the objective must be that the contents are accurate, comprehensive and interesting.

The editorial staff cannot achieve much by itself. The nurses must see that the *Journal* is not only supplied with original articles and items of general news, but that interesting cases and experiences are reported; that current problems with their difficulties and solutions are written for publication, and, in fact, that the *Journal* becomes what was expressed in the Foreword of the first issue published: "It is the hope of its founders that this magazine may aid in uniting and uplifting the profession and in keeping alive an *esprit de corps* and desire to grow better and wiser in the work and life which should always remain to us a daily ideal".

The editorial staff is alive to certain ways by which the *Journal* may be improved. Canada is a vast country, and its nurses very seldom have an opportunity to become familiar with more than the nursing activities of the province in which they are working. Reports of nurses' meetings, whether provincial or sections of the same, should be of interest to all. In addition to papers read at meetings being published, it is thought that a summary of the discussion which usually follows would be appreciated by the readers. Also brief details of the substance of papers and discussions would be more acceptable than merely a list of subjects and authors.

Our *Journal* should provide a forum for the discussion of all problems vital to the profession at large. New methods and technical procedures in nursing as perfected should be published, thus making this information available sooner than awaiting new and revised text books.

There is a large number of tremendously important subjects demanding the attention of nurses today, and it can be anticipated that these shall increase in the future. Among these are the cost of nursing care, nursing education, the future of the graduate nurse, group nursing, hourly nursing, mental nursing and hygiene, further developments in the field of public health nursing, research in nursing, the reduction of infant and maternal mortality, and the nurse's health and insurance.

It may be stated that the *Journal* has maintained a national outlook and to a certain extent an international one also, but it can be questioned if it has made a national appeal. Less than 30% of the membership in the Canadian Nurses Association (the estimate is made on the total provincial associations' membership) subscribe to *The*

Canadian Nurse. Surely there does not still exist today the idea "that nothing good or of interest to the Nursing Profession can come out of Canada". Let us have confidence in our own institutions; let us support our own Canadian Nurses Association and our own *Journal*.

The editorial staff invites criticisms and suggestions, and is most desirous for a continuous improvement in the *Journal*. The aim is to supply a journal dealing with both theory and practice of nursing, organisation work, current problems and the many important matters affecting nursing and nurses, an index of all that is best in Canadian Nursing ideals and purposes. To accomplish this the interest and support of every nurse is required.

The advent of entering the second quarter of a century's publication should be marked by a large increase in circulation and greater interest and support from all. Therefore, let us each develop a renewed interest in and effort towards the betterment of *The Canadian Nurse*.

Progress of the Survey

At the end of the first four months of the survey, one thing emerges with unmistakable clarity: the need for it was pressing. Even the members of the joint committee, who have been considering every aspect of the situation for the last two and a half years, scarcely realised until the director made his first report, the extent of this need.

As was pointed out before, Toronto was selected as the headquarters of the survey, in order that the director might be in close touch with the committee. The first two months were spent largely in getting the machinery of the whole survey started. The last two months have been spent largely in field work in Ontario. Similar field work will be carried on in the other provinces.

The extent of the field work which Professor Weir has carried on during this period would lead one to believe that he spent twenty-four hours a day on his job. During this period, he has held 175 conferences and interviews with doctors, nurses and hospital trustees, getting their point of view, listening to their opinions and acquiring information. Large and small hospitals were visited, twenty-two in all, and before the end of this month many more will be visited. Twenty days have been spent in visiting training schools (not including time spent in Toronto schools), attending lectures, demonstrations, etc. The director has also made 700 psychological examinations of student nurses in both large and small schools.

The following studies are under way:

(a) Special and General Questionnaires.
(b) Study of Community Needs—in co-operation with the Social Service Department of the University of Toronto.
(c) Curriculum Study (Job Analysis)—in co-operation with the Department of Psychology of the University of Toronto.
(d) Examinations and Examination Standards—including the registration examinations.
(e) Problems in Educational Psychology.
(f) Cost Accounting of Nursing Education—as distinct from general nursing care. Over 100 hospitals will probably be investigated.
(g) General Studies:
  (1) Economic—supply and demand, unemployment, fees, the special nurse, etc.
  (2) Educational—the type of entrant, preliminary education, curriculum, methods of instruction, examination standards, small training school, etc.
  (3) Sociological—Community needs—hourly nursing, etc.
  (4) Rural and urban problems.

Professor Weir will start in British Columbia at the beginning of March.

We are pleased to pass on the word that in the end, Ontario nurses completed and sent in their questionnaires. We hope, however, that there will be somewhat greater promptness as the survey proceeds.

The Importance of Mental Hygiene in the Curriculum of Schools of Nursing

By MRS. W. T. B. MITCHELL, B.A., R.N.,
Director, Montreal Division of Parental Education
Canadian National Committee for Mental Hygiene.

You have asked me to address you on the importance of a Mental Hygiene programme in the curriculum of schools of nursing, and I welcome the opportunity. The present lack of such a programme in our schools of nursing can only indicate unawareness of the far-reaching influence of so vital a subject. The importance of Mental Hygiene as a factor in adding to the efficiency and happiness of human beings is increasingly recognised. In social work, industrial fields and education, professional leaders are availing themselves of what this applied science has to offer in making their efforts more constructive. The nursing profession seems to have lagged sadly behind, but there is very encouraging evidence of their present alertness. The Committee on Mental Nursing and Hygiene of the International Council of Nurses is to be congratulated on all of the suggested programme for the next four years, but particularly so on the first recommendation, e.g., "To secure the compulsory inclusion of mental nursing and hygiene in the curricula of all schools for nurses".

I am going to assume that Mental Hygiene is a comparatively new subject to you, and on this basis I will attempt to show you that even with an already overcrowded curriculum we cannot afford to send out nurses from our schools of nursing without an adequate working knowledge of this field.

You are all aware of what we mean by physical hygiene; aware of the gradual shift of emphasis during the past fifty years from the cure and amelioration of physical disease to the prevention of it. After long years of study, the medical profession has gradually acquired knowledge about the various causes of disease conditions and methods of avoiding and eliminating them. Today we find increasing attention and emphasis being given by physicians, city health departments, nursing organisations, schools, etc., to providing the kind of training, surroundings and essentials that will assure the individuals in the community *maximum good physical health*. That is, we have gone a long way from having as our goal the cure of disease conditions to the present positive teaching of *Health*, as evidenced by the widespread development of organised programmes of popular education in the principles of personal hygiene. Now, I should like to compare this development in the physical field with the relatively rapid development of the Mental Hygiene movement.

About twenty years ago the people who were giving attention to the problems of mental health or mental hygiene were primarily interested in improving standards of care and treatment of those confined in hospitals for the insane. Later, the patients in those hospitals were carefully studied by psychiatrists and others, in an effort to understand and find out the causes of their mental illnesses. Hundreds of these careful and exhaustive case histories were made, working back from the fully developed mental case, examining the experiences, the training and the environment of the individual, and evaluating the various factors that seemed to have some bearing upon the development of the mental disease. These studies led to a realisation that unhealthy emotional habits that had had their beginnings in earliest childhood were at the base of much of the mental ill-health and disease.

To help you understand what this means, I would like to show you what may happen to the young child during

(Read at the Annual Meeting of the New Brunswick Association of Registered Nurses, September, 1929.)

the process of his training or "socialisation".

Every infant begins life as a self-centered, asocial being, busy acquainting himself with his surroundings and attempting to satisfy his own wants. His setting is usually the family and the home. During his daily routine, in the process of his physical care and habit training, there is constant interaction between the child and his environment. On one side there is the child and his self-centered desires; on the other side there are his parents or guardians, whose goal is the "socialising" of the child—that is, so training him that he will be enabled to get along with others in a happy, comfortable and productive manner, learning to give and postpone as well as to take.

The necessary conflict between the child and the methods of training him is apt to lead to the development of undesirable behaviour or character traits, unless parents or others in charge have a good understanding of the normal strivings and emotional development of the growing child and of wholesome methods of helping him to learn to conform to social standards without undue friction or conflict.

To make this clearer let us briefly consider some mental hygiene problems of childhood:

1. *The parent whose training methods are over-protective.*—The child brought up under such training soon learns that crying will get him what he wants and unlimited attention; later, he may use temper tantrums as a very easy method of getting his own way, attempting to dominate family and social situations, and so grows into the irritable, unstable, domineering adult we all find so unpleasant to have around. Or we may have another development resulting from over-protective methods of training. The child whose wants are satisfied as soon as he makes them known, who is waited upon constantly, directed and helped, may grow into the child or adult who lacks initiative and self-reliance and who is dependent physically and emotionally to an unwholesome degree upon his parents. The emotional weaning from the home situation which marks a healthy, mature emotional independence may, under these circumstances, never completely take place—the boy or girl retaining their infantile emotional fixation on either parent, unable to marry or, in unsuccessful and unhappy marriage, carrying over to the mother or father substitute the nagging, protesting response which marked the adolescent protest against the prolonged emotional dependence.

2. *Then let us consider the parent whose methods of training are unduly harsh.* Harsh training is just as productive of undesirable behaviour and undesirable character traits as over-protectiveness. If the methods used are too severe the child may become fearful or timid; he may resort to untruthfulness as a method of escaping unpleasant discipline, or he may become rebellious—rebellion that may show immediately in disobedience and antagonistic behaviour, or that may be repressed and evidence itself in behaviour that seems unrelated to the cause.

3. *Another very common cause of mental ill-health and maladjustment is the attitude that parents either consciously or unconsciously build up in children toward anything that has to do with sex.* The mother who shows by emotional response and behaviour that she considers the child's very normal and natural curiosity about matters of sex and elimination something to be ashamed of and abnormal, is forcing a sex attitude in the child that may later cause him untold misery and worry and contribute to mental disorder. Now, the child is interested in sex (it may be curiosity about his own or his parents' bodies or it may be curiosity about where the new baby sister came from), just as he is interested in all the other new and unknown factors in his environment. We do not attempt to cover up or ignore the child's curiosity about what makes plants grow or why he needs to eat green vegetables, or what

makes steam, or where the dairyman gets the milk. We make very earnest attempts to answer such questions intelligently and correctly as we can, and feel rather gratified that the child has been alert and curious enough to ask. Certainly we never intentionally give misinformation. Nor should we read into the child's questions or behaviour along sex lines our own unfortunate adult ideas and prejudices or tell him untruths about how babies are born. Probably no part of the child's training is so grossly or disastrously handled as his sex education.

Thus, briefly bringing to your attention some of the factors that contribute to unhealthy mental life, I am trying to make clear to you the fact that is generally accepted by psychiatrists and mental hygienists today, that mental disease and behaviour difficulties of various sorts represent failure on the part of the individual to adjust satisfactorily to life and life situations. This failure to adjust—to be able to get along comfortably in a social setting—is very frequently due to unhealthy emotional habits which had their beginnings in earliest childhood, have become fixed in personality and character traits, and wholly or partially handicap the individual in meeting everyday life situations. People are not born queer, hateful, difficult, suspicious, vicious; such character traits are developed as a result of the experiences and training of their early and impressionable years.

It has been conservatively estimated that half of all persons suffering from mental disorders or maladjustments today are disabled from causes that are preventable. We are in possession of enough facts regarding the etiology of mental disorders to do good preventive work. Think what this means. It means that if an adequate programme of popular education in the fundamental principles underlying human behaviour—mental hygiene, in other words—could be carried on in our communities, fifty per cent of the expectation of mental disease could be written off.

To bring home to you the magnitude of the problem I should like to quote from the May-July number of the Canadian Mental Hygiene Bulletin. "The stupendous toll of mental disability is graphically brought home to everyone when it is realised that of all the children now attending school four out of every hundred are doomed (unless something is done to prevent it) eventually to enter the doors of a mental hospital; one person out of every twenty-two becomes insane in a single generation. Further than this, two children out of every hundred are mentally deficient or feeble-minded, and large numbers of others, although apparently of normal intelligence, will live to swell the ranks of the psychopathic, the neurotic, the emotionally unstable and the socially maladjusted. In the absence of suitable training many of these will contribute to such social problems as dependency, delinquency, illegitimacy and the spread of disease".

Enough is now known of the genesis of certain types of mental disorder and maladjustments to enable us to do good therapeutic work in developed cases, good preventive work and best of all positive teaching of Mental Hygiene. If so much can be done in the way of preventing mental disease and promoting mental health through a working knowledge of the fundamental principles underlying human behaviour, can those who have the planning of the curriculum in schools of nursing remain blind or indifferent to their opportunity—to their responsibility?

Everyone is familiar with the strategic position of the graduate nurse in the community. Her contacts, whether she is doing private or public work, are authoritative and far-reaching. Her advice is sought upon many questions that have to do with personalities. Should she not be prepared to teach the principles of mental as well as physical health?

Up until recently, the nurse has considered that her province was the physical care and treatment of patients. But as we become increasingly aware of the interdependence of the

physical, mental and emotional life of the individual, it must inevitably follow that in the successful discharge of her duties the nurse must be able to deal intelligently with the individual as a whole.

This does not mean that every nurse must be a psychiatric nurse or mental hygiene specialist. Certainly no one feels that a nurse must be an expert in tuberculosis in order to recognise symptoms of this disease in its incipiency, and certainly we expect every nurse to be so equipped that she is able to teach people in the community ways of avoiding this disease. Just to a comparable degree should every nurse be prepared to recognise the first deviations from normal behaviour that indicate to the trained eye the potentials of future maladjustment or mental disorder. She should certainly be able to teach individuals the principles of mental health.

It means that every nurse must have a good knowledge of the normal mental and emotional developmental needs of the child; should have some understanding of the common maladjustments and hazards of the parent-child relationship; should be able to differentiate between the comparatively simple problem with which she herself will be able to accomplish satisfactory results, and the complex and serious problem which must be referred to a child guidance or mental hygiene clinic.

And just here I should like to say a word of warning as to the kind of training that is given the nurse to prepare her for this field. There is a grave danger of identifying too completely Psychiatry with Mental Hygiene. Psychiatric training is undoubtedly very valuable to every nurse, but knowing about puerperal psychoses or other frank mental disorders will be of little practical value to her in attempting to handle everyday problems in the average home situation. What every nurse must have is an adequate training in mental hygiene—an applied science that has as its objectives, understanding and insight into problems of human behaviour, practical working principles with which to deal with them, and the promotion of mental well-being.

It seems entirely desirable that the mental hygiene of the young child should be integrated with the physical hygiene around such simple processes as sleeping, eating, elimination, play and sex. Every nurse should be in a position to appreciate and assist in dealing with the various apparently simple, but frequently complex, behaviour difficulties that commonly occur in the life of the child in the pre-school period. She should know how to guide the parent-child relationship in such a manner as to avoid many of the difficulties which may arise. She should be just as sensitive to the factors in the family situation that are inimical to mental health as she would be to such things as lack of fresh air that is inimical to physical health. Think of the opportunity of the child welfare nurse in promoting mental health!

The school nurse should be equipped to deal not only with advising re adequate diets for the school child, but she must also be able to help Johnny's mother deal constructively with the problem of getting her boy to eat the green vegetables so necessary to his well-being. She must have enough of a mental hygiene point of view to detect the first-grade child's feelings of insecurity when he is subjected to the competitive environment of the school after his very protected life at home as an only child, and see the necessity of helping him make some satisfactory adjustment so that his whole subsequent school life is not unhappily coloured by the first difficult experience. She should think of every examination of a school child as an opportunity of helping a developing personality.

The Victorian Order Nurse on her rounds should be able to realise how important a role she can play in merely listening sympathetically and intelligently to the fears, conflicts and difficulties her patients pour out to her

during the morning bath or dressing. It is well for her to know that the very act of talking freely to an impersonal listener is an excellent and valuable mental hygiene therapeutic measure. Such knowledge makes her much more patient and an infinitely more valuable nurse.

Think what it would mean if every registered nurse were trained to detect, modify or help prevent the slight deviations from the normal that appear constantly in those with whom she comes in contact! All nurses are confronted every day with the problem of unusual behaviour. Why does a certain child refuse to play with other children and seclude herself in her room? Why is Mrs. A. so timid, shy and fearful? Why does this pre-school child have tantrums when corrected? Why does intelligent twelve-year-old Mary Anne have to repeat her grade for the third time? Why does the nurse dislike upon sight Mr. Q., the father of the premature baby on 54th Street? Why does thirty-year-old John, who is moody, querulous and fault-finding, and obviously discontented at home with his parents, not establish a home of his own? Why do the Smiths live a "cat and dog" existence, etc.? What are her answers to these questions? How does she look at them? What can she do about these problems?

Every day the nurse is having to deal with people in life situations. Every day she is having to handle problems of human relationships as best she can and without any exact knowledge. Sometimes because of commonsense and intelligence she is able to help in a situation—very frequently she does extensive though unintentional harm.

Surely we can no longer allow such a state of affairs to continue. We must give a very considerable place on the curriculum of schools of nursing to mental hygiene. The nursing profession can no longer ignore the responsibility that lies before it in the detection and prevention of mental disease and the promotion of mental health. We *must* give our undergraduates their opportunity!

EDUCATIONAL ADVISOR FOR MANITOBA

At the annual meeting of the Manitoba Association of Registered Nurses it was decided that the Association would appoint and finance an educational adviser for one year.

The duties of this adviser shall be twofold, i.e.: (1) To assist in raising the standard of the schools of nursing in Manitoba; and (2) To assist with teaching in the smaller schools whenever possible. It is anticipated that at the end of one year support shall be received from the Provincial Department of Health and from the Manitoba Hospital Association.

BOOKS RECEIVED

Fevers and Fever Nursing, by Evelyn C. Pearce, Sister Tutor, The Middlesex Hospital. Published by The Scientific Press, Faber & Faber Ltd., 24 Russell Square, London, England. Price 5 shillings.

BACK COPY WANTED

Subscriber wishes a copy of The Canadian Nurse, March, 1923. Anyone willing to supply this copy is requested to forward to 511 Boyd Bldg., Winnipeg.

The Red Cross Outposts

By W. F. MARSHALL, Commissioner, Saskatchewan Division, Canadian Red Cross Society.

The Red Cross of Saskatchewan is pleased in being associated with hospital authorities. It can not hope to parallel the experiences of large urban hospitals in respect to size of institution, type of building, equipment, staff, patronage, or in variety of cases coming to it for care, and it has no training schools for nurses. My aim shall be to explain that the Red Cross endeavours to teach the hospital idea to new communities where medical and nursing facilities are either non-existent or inadequate.

In some countries, for example the Balkan nations, the Red Cross has been invited to assume entire control of large border-city hospitals, heretofore under other management, for the future mutual safety the respect of its emblem may secure for both patients and property in the event of outbreak of national hostilities. In Spain the Society has lately equipped one of the most modern of general hospitals and is in full charge of it, in the capital city, Madrid. In Stockholm, Sweden, a similar institution is under Red Cross control. In Norway the Red Cross maintains an aeroplane service in bringing patients from the hinterlands to the large central hospitals. In the Belgian Congo, where in 1913 there were only 30 physicians for a population of ten millions of people and where infant mortality exceeded 50% of births, the Red Cross, in co-operation with government, has instituted an almost unbelievable series of improvements. A new medical service has been arranged, a permanent hospital and sanitary depots established and dispensaries planted in many places, a tuberculosis sanatarium, a leprosy hospital, a maternity home and a training school for native nurses founded. Recent reports also show that Red Cross Societies are now conducting 160 schools of nursing in different parts of the world.

In Canada, and in Saskatchewan in particular, the Red Cross acts in a sort of liaison capacity in what may be termed our own hinterlands where little or no assistance for the sick exists and where a modest commencement in hospital service of a primitive character can be made, always with the purpose and aim that as the land is subdued to cultivation and social life advances, larger and better hospitals will be provided and operated by the communities themselves. In two instances in Saskatchewan, since the inception of rural hospital work by the Society, this result has occurred.

To the borders of settlement the Red Cross has carried its service of nursing the unfortunate, where the young brave danger in the outskirts, where the winning of land and a home is a great magnet. There, long chances must be willingly taken, since nothing is achieved easily by the homesteader family in a new country. Happy is the lot if all goes well for a few years, until villages appear, railways come and the medical practitioner arrives. Grief, discouragement and abandonment of opportunities intervene if it is otherwise and the breadwinner or the mother of a family be lost.

The Red Cross Outpost Hospital was designed in 1920 for a soldier settlement in the north of the province. It immediately met the need of those in illness and accident and was primarily for the mother in maternity. Resulting satisfactorily the service has reached 17 points in all. It has been withdrawn from one because of failure of local co-operation, and as instanced, in two other locations, new and larger hospitals doing creditable work under community management, have succeeded.

The closest association is maintained between the Red Cross and the Department of Health of the province, as also with local physicians;

(A paper, with slight revision, read at the annual meeting of the Saskatchewan Hospital Association, 1923.)

in three of the locations there are no resident physicians. The Red Cross extends its service only where invited and only after full consultation with the Provincial Department of Health. Overlapping is altogether avoided by learning from the Department the prospect of a better and larger hospital, such as a municipal or union, being possible of establishment by a community appeal. If in the judgment of the Minister of Health such an undertaking is too difficult, considering the state of improvement of the locality, the Red Cross offers its outpost service, if it is financially able to do so.

Red Cross Outpost Hospital, Bengough, in South Saskatchewan. Established, 1922, 12 bed capacity.

As in other provinces of Canada, to which the Outpost programme has spread, the Society is favoured by the allowance of 50 cents per capita per diem by the Provincial Government, as an aid to the pioneer populations, and as an evidence of its approval and co-operation.

In roads and railways the older parts of Saskatchewan are becoming networked. A large number of school districts are organised each year. Small community hospitals also appear each season. The Red Cross hospital service has expanded with other development and has fitted into the progress as a commendable factor in the saving of lives and in the improvement of general health. As in all other advancement in a new country, the demand for increase of the Outpost service has always exceeded the financial ability to respond, for the Red Cross is not endowed with surplus funds, has no resources in the people's taxes, has few large gifts from individuals, and relies upon the voluntary contributions donated annually by its many friends, dollars from adults and dimes from the children. It is gratifying that there are received each year an increasing number of gifts from rural municipalities, village councils and from public school boards.

The chief function of the Red Cross Outpost is maternity work and assistance in accident and usual illness. Major surgery is not practised nor provided for. It is necessary occasionally and must be done when it is not possible for a patient to be moved a long distance to a properly equipped operating room of an urban hospital.

Red Cross Outposts are not free hospitals. The rate is $3 per diem, flat, and accounts are rendered in all cases. The nurses in charge make all reports and make collections, thus relieving the Society of the cost of secretarial work. Considering the large proportion of patients who cannot pay, due to primitive conditions and unproductive character of the new land they are reducing to cultivation, collections are surprisingly good.

The Red Cross is vigilant in buying supplies in the cheapest market and in otherwise watching costs. Like all hospitals everywhere, the Society is assisted valuably by women's local auxiliaries who furnish clothing for patients, fruit and vegetables, poultry and milk quite often, and in many other ways in raising funds for comforts and conveniences for the nurses and the patients.

As the constant aim of the Society is to foster the habit of using hospitals in illness of any kind, as well as to aid in the inducement for a community to become self-maintaining in its gaining facilities, all communities are required to first provide a hospital building, then to assume an increasing share of the operating deficit. This method succeeds. There are now seven Red Cross Outposts that are

responsible for their full deficits; others for 75%; still others for less. This means continuous effort and much sacrifice, but nothing of value is gained without striving. As population increases and more patients come enlargement of bed capacity is necessary. The Outpost capacity is now 103 beds. There are 23 nurses and one supervisor in employment. Employers' and patients' insurance is carried.

Statistics, however, are only partially graphic. It is the interest, the industry and the human sympathy of nurses, of which professional reticence forbids detail of heroism in Red

Red Cross Outpost Hospital, Nipawin, in North Saskatchewan. Established, 1926, 12 bed capacity.

Cross service, that makes life in sparsely settled districts of this province much more contented and much safer than formerly. The nurse in charge of a Red Cross Outpost makes of it a health centre, for child welfare clinics, for health conferences; a place for advice to mothers in pre-natal condition, more or less a social centre, a place that is clean and neat and hence a model for homestead dwellings, that are small, often overcrowded and carelessly kept; in other words, a point of radiation of good health and the methods of assuring it.

The worth of the Red Cross Outpost in public health is well stated by Dr. F. W. Routley, Director, Ontario Division, Canadian Red Cross Society, in these words:

"The effect upon the localities served in Outpost work is two-fold. It offers an opportunity for massed community effort in a good cause which is bound to enhance the life of every citizen who takes part in it. . . . It offers also a fertile field for the joint humanitarian desires of the well-to-do citizens in the older districts and the cities of Canada, making a gripping appeal to the people as a whole. This service arouses their finest sympathies without being in any sense a charity. It provides a constructive programme of philanthropy, helping people who may be individually just as independent as the helpers."

Canada now has 44 Red Cross Outposts in operation, the most in Ontario. The scheme was invented in Saskatchewan. It is pleasing to note that it has been adopted in other provinces, in other nations, such as Germany, Poland and Australia, and that it is being lately considered by health authorities of the southern American states.

The Red Cross of Saskatchewan is busy with other features of peace-time service. It conducts a hospital for crippled children, of 30 bed capacity in Regina. In ways, therefore, that are essentially practical in all respects, the Red Cross makes a great endeavour to play its part in the well being of a proud province to which people will come for homes and independence for decades after the present generation. It will continue to teach by precept and practice that the laws of health cannot be infringed with impunity, that personal health is a priceless possession to be striven for and guarded and that with it should be cultivated in every young person a willingness to sacrifice something of substance and effort for the age-old ideal, the love of mankind and the desire to give a helping hand to those in need.

A Page of Nursing History

Opening of the Prain Preliminary Training School
DUNDEE ROYAL INFIRMARY

On the occasion of the opening of the Prain Preliminary Training School for Nurses, on Tuesday, December 10th, Dundee Royal Infirmary had the honour of again welcoming within its walls Mrs. Strong, who was matron more than fifty years ago. During her tenure of office from 1874 to 1879, Mrs. Strong initiated the movement for the education of nurses, and she now inaugurated its culmination in the setting apart of the House, 5 Dudhope Terrace, for purposes of preliminary instruction.

Mr. Athole Stewart, chairman, thanked the donor, Mr. James Prain, for gifting the house and providing all necessary equipment. Mr. J. C. Buist, LL.D., introduced Mrs. Strong, and Mr. Prain in handing over the gold key referred to her as "a noble leader of a very noble profession."

Mrs. Strong replied as follows:

"It is with very mixed feelings I stand here today with the experience of half a century from the time I held office here as matron. On first receiving Miss Niccol's letter I was elated with pleasure to think that the Infirmary in which I commenced work in a responsible position had now arrived at a point in which it can claim to be one of the leading schools in Scotland for the study of nursing. Then I thought of those far distant days when both medicine and nursing were emerging from darkness into light. The days of Lister had so far advanced that we were enveloped in carbolic steam as an antiseptic at operations and the dressings that followed, but the day of aseptic work had scarcely dawned.

"This Infirmary when I had the honour of being appointed as matron was remarkably blessed in having a medical superintendent of the most advanced views, so much so that an addition was being built to give fitting accommodation to the nursing staff: some single bedrooms and some double, a dining room, also a sitting room, a most unusual thing in those days; in fact, scarcely thought of: so you see Dundee Royal Infirmary has never lacked enterprise.

"Previous to my being appointed matron at the Dundee Royal Infirmary, I spent five and a half years in connection with the Nightingale School, which was established at St. Thomas's Hospital, London, where a custom was introduced, after I had joined the school, of having 'Lady Probationers,' which induced some women of high position to enter, for which they paid, remaining one year as probationer, and then receiving the higher appointments. A school in the strict sense of the word it was not; no systematic teaching, nothing but a stray lecture or two in the course of the year: it may be said it was empirical learning, each one making the best of her opportunities. There was a skeleton in a cupboard in our dormitory, and a few odd books on anatomy, of which some of us availed ourselves. We were very fortunate in having an excellent resident medical officer, who took great interest in us, and we were free to ask questions of him, and he of us, and thereby learned a good deal.

"On being appointed matron to this Infirmary I had no fixed ideals to aim at. To be kind to the patients, to prevent bedsores, to give some leading points to watch for in regard to symptoms of various deviations from health was about all my stock of knowledge, but I found an able, willing teacher in Dr. Sinclair.

"The confidence of ignorance carried me through, and I spent a very happy and instructive time, to myself, in this Hospital, and on being appointed matron to the Royal Infirmary, Glasgow, I found the experience gained here invaluable; but still no thought of systematic instruction for pupil nurses occurred to me, and when some classes were introduced to

give a little technical training it was weary work for all; no time available, the whole time was required for bedside work and not sufficient numbers to do that properly.

"However, we struggled on till a light seemed to dawn upon me that the whole business was unsatisfactory and unless some big movement was made I would give it up, which I did, and opened a home for private patients in Glasgow, which kept me in touch with some of the medical men of Glasgow.

"When the position of matron was again vacant, and I was asked to send in an application, I was better prepared to carry out the needs, and I was assured that the necessary support would be given. A system for the introduction of a preliminary course of instruction for pupil nurses had been drawn up by some of the medical staff of the Infirmary, and the consent of the Managers was easily gained. One of the results of that work is the opening of this school today, and for which I think the faithfulness of Miss Niccol to her Alma Mater has much to do. I am quite sure you will find in her an unfailing source of helpfulness in every step of your way, a friend in whom you will find a wise counsellor and guide; and now wishing you all a very great success, I have much pleasure in pronouncing this school open."

The House, situated in its own grounds, is adjacent to the Royal Infirmary. Suitable accommodation is provided for the comfort of the pupils. In addition, the lecture room is well equipped and provision is made for teaching the elements of cooking. The course of instruction extends over two months.

(From The British Journal of Nursing, January, 1930.)

Canadian Nurses Association

Plans are shaping themselves splendidly for the general meeting of the Canadian Nurses Association which is to be held in Regina from June 24th to 28th, 1930.

It is hoped that each federated organisation is arranging for a number of representatives to be present as it is anticipated that several important matters shall be brought up for discussion, and which shall require an expression of opinion from all provinces before any definite decision can be made.

It is expected that a tentative outline of the programme shall be ready for publication in the April number of the Journal.

Probably a number of nurses may wish to make plans for a post-convention tour, either westwards through to the Rocky Mountains and British Columbia, or by way of the Great Lakes to Eastern Canada. Anyone planning to be in Regina, and for a post-convention tour, is advised to obtain information from a representative of one of the Trans-Canada Transportation Companies. It will be advantageous for the majority to make use of the summer tourist rates, which go on sale May 15th, and are good to return until October 31st. These rates carry stop-over privileges, and arrangements may be made for travel by water wherever available. There are also 30 and 60 day rates which some may prefer to use.

The general meeting will be held in Hotel Saskatchewan, a recently built modern hotel, the management of which has assured the hostess organisation, the Saskatchewan Registered Nurses Association, that everything shall be done for the comfort of the visiting nurses.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

Applicants Desirous of Securing Nursing Education

By MARY F. BLISS, Superintendent, Guelph General Hospital, Guelph, Ont.

The two following questions appear as most important when considering the credentials of applicants to a school of nursing.

(1) What can be done to secure further co-operation from the family physician in signing the paper purporting to be the result of physical examination? and

(2) What can be done to secure co-operation from school boards of education throughout Canada to have certain subjects on their high school curriculum as found in the nursing curriculum, so outlined that the student preparing herself for nursing education, may be given credit for these subjects on entering a school of nursing.

1. It does not seem to make much difference whether the school sends a paper complete in questions for physical examinations or a very "sketchy" questionnaire: either is returned with answers which read as if the applicant had 100 per cent. health. Yet the student is not in school very many days till minor complaints of ill health are being reported to the training school office. Is it quite fair to have these students given a thorough physical examination by a medical staff member within one week of entering the school? To the school, undoubtedly it is: eye, ear, nose and throat, chest examination and x-ray findings especially save many a worrying hour to school administrators by establishing a record for comparative purpose (if nothing else), as to a student's health during her three years' course. If the family physician could be convinced that these young women, known by him all his life, might have *physical conditions* unknown to him and undesirable in a school of nursing with its long hours of study and hospital duties, he would make a thorough physical examination of the individual applicant. He would not send in as is so much done at present, the answers given purely on the applicant's version of her health: naturally, if the would-be applicant is keen on entering she will not commit herself by making such statements "that her eyes trouble her at times," "last year her ears and throat had been painful," etc., etc., this is kept as a "deep dark secret" till reappearance of trouble after a few months in school training, when the truth will out on direct questioning. The school carries sufficient liability in the first few months of a student's career, without being handicapped with students who are not physically fit to be in the school, and if the physicians could be so advised and could see what their co-operation (by giving complete physical examination in each case) meant to the further interests of the school and student, the worry and responsibility of superintendents of nurses would be "eased" considerably, and less heartbreaks to students who often are compelled to give up their course sometime in their first year.

Two illustrations can be given: One student, intermediate year, failing in examination, complained of eyes being painful. Examination proved that the eye muscle was involved and if the girl had been given

(Contributed by the Section of Administration of Schools of Nursing, Alumnae, School for Graduate Nurses, McGill University.)

care in her early teen years this could have been corrected. Now it is beyond correction and it is just a question if she will be allowed to finish her course. Second student, three and a half months in school, developed cold, tonsilitis; on examination tonsils found to be enlarged and diseased, yet she had presented a health sheet saying "not diseased or enlarged."

Apparently the only solution of the problem at present is a complete physical examination the first week in the school of nursing. In the small schools this is feasible, but perhaps not so practical for the larger schools which take in large classes each term. Some schools in sending out prospectus state "a check-up of report will be made by house doctor." These schools state they get more satisfactory health card returns.

In summarising: many of those illnesses that arise during the first months of training are very often traced to some past history that may or may not be intentionally overlooked by the family physician. These can sometimes be remedied but not always; and here we find a young woman leaving the school of nursing in poor health. The hospital is sometimes blamed, whereas an incomplete physical report in the first place is the root of the evil.

(2) Another problem re Nursing Education confronts superintendents of nurses. So often it is found the would-be student has two or three years' high school education, but her standing is poor. This type of student may be conscientious and interested, but she has not the faculty of applying herself to the necessary studies. The result is that when examinations are held she commits herself to hopeless errors on paper, yet examined orally she would do well. This also applies to the junior matriculant. Is it the result of textbook education or is it the individual? Is it lack of systematised reading wholly apart from school subjects? If the Department of Education could be approached to have such subjects as bacteriology, chemistry, physics, zoology included in the high school curriculum correlating with the nursing curriculum, what an immense service would be rendered to the student entering a training school, thus receiving credit for these sciences and to have that time allotment for further and advanced studies in nursing education.

At present, all she receives "at best" is a smattering of these subjects in the school of nursing. How can one possibly grasp even the elementary teaching of these sciences in twelve to fifteen lecture periods? Yet if a schedule could be drawn up at high school preparatory to entering a school of nursing for those students who are planning on becoming nurses it would prove a decided advancement on the present system. All superintendents hope for high school graduates, at least! Such hopes are often dashed, so the next best must be taken.

Here again we find the great need for more vocational guidance for the teen age girl, so that she may be advised to study the subjects most helpful for becoming a nurse fitted for present-day advancements. Environment is an important factor educationally. How frequently the lecturers find the students make grammatical errors. Often their statements are immature from lack of experience, yet the average Canadian girl of today has many advantages (educationally, socially, politically) that her older sisters did not have; therefore it should not fall to our lot to hear these gross mistakes.

We are all amused at the story of the little boy in the London slums who, on being told by the district visitor that his mother was calling him, looked up and said, "Her ain't calling we; us don't belong to she." There was excuse for this boy, but today in Canada, with the teaching facilities and advantages, there seems no reasonable excuse to offer for a high

school graduate making grammatical errors or showing lack of knowledge in history and current events.

The Survey on Nursing Education, now being made in Canada, will shed light on our schools' discrepancies educationally; may it also bring solution of the many apparently insurmountable problems that daily confront administrators.

The Importance of Post-Graduate Public Health Training

By MARGARET E. KERR, B.A.Sc., A.M., Department of Nursing, University of British Columbia.

It is a common saying that an individual is being "educated for her life work". The expression can be carried further—"education is life". It is the keynote to all health work and as such is being advocated by lay and professional groups alike.

In the field of public health nursing, when the new emphasis on health promotion and preventive effort made imperative more highly trained and differently trained women, the wakened public's feeling toward such work demanded a supply wholly out of proportion to all previous experience.

The Rockefeller Foundation appointed a committee in January, 1919, to conduct a study of "the proper training of public health nurses". The findings of this committee as outlined in the report, "Nursing and Nursing Education in the United States," are a valuable contribution to the subject of nursing education in general. In their estimation, two years and four months was the shortest period of time for hospital training. For the public health nurse, an academic year of post-graduate training must follow.

The hospital school of nursing does little to fit the public health nurse for her work. Dr. Haven Emerson makes this statement: "It has been the practice in training schools, to train the nurse to do precisely as she is told. She is there to learn, not to discuss; to observe, to record, to think if she will, but to keep her thoughts to herself. This, in the main, has been the basis of nurses' training. The result is that when she leaves the hospital she has much to learn, especially in the art of self-expression. Her particular task is to teach others and she is never quite sure when she will stumble upon an audience."

Miss Beard in her book, "The Nurse in Public Health," quotes a young graduate as saying, "If a pupil nurse is at all conscientious, she must spend every minute of her time on duty, in trying to get through ward routine. She cannot stop to learn about the patients' mental or physical conditions. There isn't a minute to read histories, question doctors, or learn about the patients from the head nurse."

Public health administrators talk constantly of the shortage of nurses for their work, but they mean shortage of *qualified* nurses, for the records show that there are about five applicants for every position. Dean Goodrich of the Yale School of Nursing may be quoted from a recent article as follows: "If the 'Study of Nursing Education in the United States' (1923), revealed the failure of the apprenticeship method to prepare the nurse for present day needs of either preventive or curative medicine, then 'Nurses, Patients, and Pocketbooks,' presents a picture of over-production and faulty distribution while the importance of emphasis on quality rather than quantity in preparing women for the nursing field, is clearly set forth." It is important

then for us to know something of what goes toward making public health nurses, in particular, fully qualified.

In hospital, the student is on familiar ground. Her patients are not only all grouped together but they must comply with the rules and regulations of the hospital. Equipment of every kind is provided for the care and comfort of the patient and should an emergency occur, advice and help are close at hand.

In the field, however, the situation is completely reversed. District homes in no way resemble hospital wards. Furthermore, these homes vary. In one, it may be an easy matter to carry out nursing procedures. To give the same care in another type of home requires ingenuity and unusual skill on the part of the nurse. Adjustment to this changed situation is one of the first things the public health student must learn.

In any general hospital, a large proportion of the service is of a surgical nature. In the community, we find the greatest health problems lie in the care of the health of the children, physical and mental; in mental hygiene and psychiatry; in the field of obstetrics; in the control of communicable disease, in tuberculosis, in the early diagnosis, treatment, or prevention of almost all types of disease. From this, it would appear that the graduates of even the largest hospitals require additional instruction along many lines: nutrition as a factor of health rather than in disease; in mental hygiene with special emphasis on habit formation and behaviour; in social case work, in order to have an understanding of problems met in the homes; in preventive and educational work, emphasizing especially, the care of the well children; in organisation, so that her district may not suffer from experimentation; in home service, case finding, and on through a long list.

The nurse, if she is unprepared, falls all too easily into the habit of doing what she is told without much thought as to what her special role is, in the community programme.

Probably the most important of all the things the student must learn, is how to teach. Miss Beard says, "Though in all services, teaching in the home must be emphasized, public health nurses do not thrust themselves into the home to teach what is not desired. A public health nurse, trained to observe, to make a tactful approach, to establish friendly relations, and to render her visit profitable as a demonstration, will make her teaching unobtrusive and acceptable. Health teaching is a by-product of the nursing visit which calls for no apology, but is made in response to an invitation, and this by-product is often of greater importance than the bedside nursing itself."

A great deal of practice is essential before an expert teacher is an accomplished fact. There must be an underlying knowledge, not only of material to be taught, but also of methods and principles. These are included in the public health nursing courses given by the various universities.

Going directly into the services of an organisation, without special public health training, the nurse acquires a knowledge of the policies, working techniques and administrative routine of the particular unit with which she is engaged. Through regular weekly conferences, much can be done to educate the staff and to unify the service in general. But the broad underlying principles of the public health movement in general, and of public health nursing as a phase of this movement are lacking.

In conclusion, let us keep in mind two things; first, the nurse in public health is a necessity; second, the more she has to give, the greater will be her value to the community. The establishment of more scholarships, fellowships, and bursaries, would make it possible for more nurses to take post-graduate courses in public health. First, however, the nurses themselves will have to put forth the effort, that, realising the importance of further training, they will seek the means of acquiring it.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss THERESA O'ROURKE, 753 Wolseley Ave., Winnipeg, Man.

The Combined Armies of the Medical and Nursing Services

By a Private

In these days when armies and navies are being reduced and we are looking forward to that Utopia when wars shall be no more, we hardly like to think of foes; but nevertheless the armies of the medical profession, or senior service of our fighting forces, are along with their sister service, the nursing profession, seeking to rid our land of a hidden enemy who threatens us at all times and on all sides. No country is exempt from its attacks, for if such place existed it would soon be overcrowded with those seeking to escape our common foe, whose name is disease and whose object is the death of its victims, and the extermination of the human race.

That we have our allies in every land, was demonstrated when the forces of the nursing service gathered in Montreal last summer, contingents being sent over from many different countries. As the League of Nations unites for peace, so we unite to fight, but both of us are working in the interests of humanity. So constantly are our officers (medical and surgical) on their guard, and so vigilant is the watch kept up that little by little we gain ground, and the enemy is forced to change its tactics as its plan of attack becomes known. The movements of its armies of bacteria (germs) and regiments composed of bacilli and cocci are also studied closely in different areas of the war zone through the powerful field glasses (or microscopes) of our headquarters staff, and the experts (or technicians) comprising the secret service and intelligence departments of our armies, make good use of their periscopes (x-ray apparatus) to record damage done by the enemy.

A smoke-screen may be set up (in medical terms known as an anaesthetic) under cover of which our officers draw their swords and lead the attack, cutting down the enemy as they go. Or the artillery may be ordered out to direct its bombardment of shells (or radium and other medicaments) into the dug-outs of the enemy. The engineers perform the anastomosis of vessels or making of bridges whereby our lines can be kept in contact. They drain the pestilential and swampy regions by means of tubes or pipes. Transfusions and subcutaneous (or subterranean) irrigations have also to be performed from time to time.

The tanks may be employed for an attack of oxygen where the deadly fumes of carbonic acid gas have first been let loose by the enemy, or a bayonet charge (hypodermics) will silence their guns for a time. While the fields of battle are known as hospitals, skirmishing parties are sent out by the enemy in all directions, and snipers are ready to cut down the unwary, and so our cavalry and air-force are kept scouting and reconnoitering the land and warning the inhabitants of danger that may lurk near to them unknown, instructing them how to avoid the same—these wings of our army represent the public health section of our medical and nursing services.

Now I come to the infantry, mainly composed of the rank and file of the

army, privates like myself. We are the ones who engage the enemy in hand-to-hand encounters, day in and day out; who are ordered over the top to wage war with the enemy on his own ground, or to occupy the trenches for 12 hours at a stretch, and oftentimes fail even then to be sent relief.

We are the sentries who watch the camp while the others sleep at night, and our equipment is always ready to enable us to grasp what is needed with the least possible delay; we regale the wounded with cigarettes of the clinical thermometer variety.

We are the veterans of many a fight, the "old contemptibles of our army." We are content to do our duty, and leave our affairs to be cared for by our superior officers, or trust to one of our sergeants interpreting our problems and difficulties for us.

We find little time to study our own requirements, except to keep ourselves as fit as possible—for the life of a private soldier (or nurse) is not a bed of roses, though it be our chosen vocation.

The one thing we would raise our voice against is the suggestion of the war office, that it is time to reduce our forces, or that, except when an attack is suspected, we might be dispensed with altogether. We know too well what happens if the trenches are left empty in any sector for long, or our places filled by a few raw recruits! Is it not our presence there, under the command of our officers (of the medical service) which keeps the enemy often at bay, even if we cannot rout him altogether?

Especially should a good watch be kept when headquarters (the central nervous system) or our lines of communication (the nerves and blood-vessels) are threatened, as the whole machinery can so easily be disorganised and the morale of our troops suffer in consequence, causing what is known in medical terms as an upset of metabolism, or the breaking down of the defences.

Our new recruits are needed too, in all branches of the service, for it is a war that requires the best of brains as well as strength of body, a war that will not be completely won as long as this old world lasts. Our reserves are drawn from our training schools and medical colleges, who join the ranks of the combined services.

Their instructors (the Educational Section of our army) are seeking to increase the efficiency of the service by turning out those mentally as well as physically equipped, and who are capable of filling gaps in the various ranks of the army and its different battalions, regiments and squadrons.

We owe much to our educational leaders for keeping us up to date and for devising new methods of attack and better weapons wherewith to carry on.

I fear the military tone of my article will make you regard me as one of those nurses who are at times accused of assuming a "sergeant-major" attitude towards their patients. Perhaps we veterans occasionally like to imagine we have risen to a rank above that of the private soldier, but let us be content as long as we have our full quota of brains, sense of humour, and tact. I am not so sure that we do not require more than the average of the two latter qualities, as I for one always feel I am running short of my supply.

May I suggest that we take as our slogan: "At peace with the Germans, but at war with the germs."

COMING EVENTS OF INTEREST TO NURSES

Canadian Nurses Association General Meeting, Hotel Saskatchewan, Regina, June 24th to 28th, 1930.

Registered Nurses Association of Ontario, Annual Meeting, Royal York Hotel, Toronto, April 24th to 26th, 1930.

Second Canadian Conference on Social Work, Royal York Hotel, Toronto, April 28th to May 1st, 1930.

Canadian Public Health Association Annual Meeting, Hart House Theatre, University of Toronto, Toronto, May 19th to 21st, 1930.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

Staff Education in the Victorian Order of Nurses

By JEAN CHISHOLM, Staff Nurse, V.O.N., Montreal.

III

ADVANTAGES OF BREAST-FEEDING

[**Editor's Note**—In the February number of the Journal there were published the first two of the Series of Group Talks to Mothers under the subjects (1) "Outline of Introductory Talk to a Group of Expectant Mothers," by Isabel Manson. (2) "Diet," by Rose Tansey, together with a brief outline by Marion E. Nash, Supervisor, Central Division, Victorian Order of Nurses, Montreal, of the aims and objects of this Series.]

Aim: To impress upon the mothers the value of breast feeding.

Introduction: To summarise briefly, in the two previous talks we discussed (1) the growth of the tiny seed or cell into a well developed infant, (2) the importance of the mother's food in this development, (3) the nourishment of the infant during uterine life. Today we will talk about the food of the baby after birth. Has this food been left to chance, or has this need of the baby been foreseen and prepared for?

Function of the Breast: The true function of the breast is to secrete nourishment for the infant. The breasts are glands, hemispherical in shape, with the nipple protruding from one-quarter to one-half inch from the apex, or highest point. The surface of the nipples is pierced by the orifices or openings of the milk ducts. These milk ducts are fifteen or twenty in number, and they again are composed of tiny cells, in which the milk is elaborated from the blood. (Van Blarcom.) Now this may seem strange, but if you remember, in our talk on food we spoke of how the food we eat is gradually converted into bone, muscle, blood, etc., and in the same way milk in the breast is derived from the blood. Tiny ducts or canals carry the milk from these cells to the main ducts and thence to the nipple, with its minute openings on the surface, from which the baby draws the milk.

Care of the Breasts During Pregnancy: You can see, then, that while the baby is developing in the womb or uterus, changes are going on in the breasts, by which food is provided for the baby at birth or as soon thereafter as necessary.

(1) The breasts, then, should not be unduly compressed by the wearing of very tight brassieres.

(2) Heavy breasts, however, it is well to support with a loose-fitting support or brassiere.

(3) Cleanliness is essential for the whole body, but a little extra attention needs to be given to the breasts at this time. Quite often there is some secretion in the breasts, and tiny drops are expressed, and dry on the surface of the nipple: later when the baby starts to nurse, this crust is removed, leaving a tender surface that will easily crack.

(4) Sponge the breasts each day, dry the nipples carefully, and particularly if the skin is tender anoint with the preparation prescribed by the doctor.

(5) If the nipples are flat or inverted, they will need continuous care during these months. With clean hands, wash breasts, dry, anoint fingers and gently draw out nipple or draw breast away from base of

nipple. The treatment is simple but must be continuous.

Care of Breasts and Nipples After Birth of Baby: Cracked nipples are extremely painful and are often the occasion of breast abscess, and a frequent reason for weaning prematurely. Cracked nipples are unnecessary and are easier avoided than cured.

(1) To prevent, give daily care to nipples in last two months of pregnancy.

(2) Wash and dry nipple after nursing, using in first few days any simple ointment that has been prescribed.

(3) Put baby to breast for three or four minutes only, usually at 6 to 8-hour intervals in first forty-eight hours, then gradually lengthen nursing period to five, ten, and later twenty minutes.

(4) Regular three or four-hourly feedings.

Habit Training: In the first few days the substance in the breast is called colostrum and it very closely resembles the food the baby received while in the uterus.

(1) Important because it is so easily assimilated or digested.

(2) Helps to educate or prepare the intestinal tract for the milk that is to follow.

(3) Is slightly cathartic. The baby's bowels function and another organ has had its first lesson.

(4) Suckling of the baby stimulates the glands to secrete.

(5) Suckling stimulates the mother's uterus to contract.

During these first few days the mother needs light, comparatively dry diet. Remember milk is food. Drink water, but do not force milk, cocoa, etc. The breasts, if the diet is right, should not be engorged, but if this happens, although the temptation is strong, do not put the baby to the breasts every 15 or 20 minutes. The nurse will empty the breasts and adjust a comfortable binder, and the doctor will suggest a cathartic. Prevention is again better than cure, and attention to diet is usually all that is necessary.

The milk comes in about the third day, but may be delayed even longer. The baby should now be put to the breasts at regular intervals, every three or four hours, and should nurse from 10 to 15 minutes. If the milk is plentiful, nurse at both breasts, emptying the one and allowing baby to finish at the other breast: commence feedings on alternate breasts.

Regularity of Feeding is Most Important: (1) Because the baby needs to learn the lesson of eating at regular hours. The baby will be more contented and will more easily be taught good habits. The baby who feeds irregularly is the fussy, irritable baby, and soon gets into the habit of expecting constant attention.

(2) Milk is the baby's food and he must digest it. This process takes a definite time and a little allowance needs to be made for rest. It is unwise to introduce more food until the stomach has emptied itself.

(3) The mother can plan her own work and recreation to better advantage.

Night Feedings: The baby needs one long sleep in the twenty-four hours and will often chose to take that sleep after his morning bath. If this is allowed, baby demands his feeding at night, and a bad habit is formed that is difficult to break.

Mother's Rights: Moreover mother also needs sleep, and she cannot, as a rule, take it in the daytime, consequently it is better to waken baby for feedings in the daytime, thus teaching him to accommodate his life to that of the household, and let him have his long sleep at night.

Artificial Feeding: If for any reason the baby cannot be breast-fed, then modified cow's milk, given under a doctor's direction and properly prepared, is the next best substitute, but at best it is a substitute for the real thing, and if a perfect baby is wanted, why give him something just as good instead of giving him the best?

The baby should not be weaned because of lack of milk supply until one is first assured that he is not getting enough food. Weighing baby before and after feeding is the first precaution to take, and even then the milk supply can quite often be improved by a little attention to the mother's rest periods, diet, fluid intake, and hygiene. The breast-fed baby, if the mother's health is good, has bright eyes, firm flesh, straight limbs. He has more resistance to disease, is usually more contented and less trouble. Breast milk is always ready, the right temperature, and clean, and the quality and quantity are adjusted to the baby's needs.

A holiday may be taken without experiencing any difficulty with the baby's food. A breast-fed baby seldom has dysentery or so-called summer complaint; this disease alone takes a very heavy toll of infant life.

The first wish usually made for the baby is one for health, wealth, and happiness. The mother has it in her power, to a large extent, to make this wish come true.

Health: Why not work towards this end by breast-feeding the baby? The breast-fed baby has nine more chances to live than the artificially-fed baby, and who can measure the value of health? The healthy individual, who knows that one night's rest is sufficient to refresh him, however tired, is blessed indeed. It is the handicap of ill-health that prevents many an individual from reaching his full development, and poverty in the cities is, at least, a boon companion of ill-health.

Wealth: The family pocket book is saved:

(1) The expense of extra milk, bottles, nipples, etc.

(2) Doctors' bills, because the breast-fed baby is not nearly so prone to digestive disturbances as the artificially-fed baby.

(3) Where there is health there is usually happiness, and health and happiness are in themselves wealth.

Happiness: The healthy baby is a joy in the home, always developing some new little trick to charm, while the sick baby is a source of anxiety and grief.

Summary: All mothers are ambitious for their children and wish to see them happy and healthy. Lay, then, a good foundation:

(1) By endeavouring to safeguard the mother's health: (a) Sufficient rest, (b) adequate diet and fluids, (c) plenty of fresh air and sunshine, (d) regular evacuation.

(2) Breast-feeding the baby, giving attention to (a) regularity of feeding, (b) plenty of water to drink, (c) sleeping alone out-of-doors as much as possible.

(3) By paying regular visits to the family doctor or a health centre for advice and help on knotty problems.

The mother who successfully nurses her baby, and the will to do so is most important, is not only giving her baby an excellent start in life, but is happier herself and is helping in the fight being waged against the very high infant death rate.

IV

MINOR ABNORMALITIES

By ALICE MARCEAU,
Staff Nurse, V.O.N., Montreal.

Aim: To help the mothers safeguard their health. To help correct minor ailments.

Introduction: Today we close the series of four talks relating to pregnancy—all very important. The first dealt with the development of the baby before birth; the second with the importance of a proper diet for the expectant mother, and the third with (a) the care of the mother's breasts in order to supply milk for the baby, (b) the advantages of breast over artificial feeding. At this fourth and last talk the minor ailments which occur during pregnancy will be discussed and you will be able to think in terms of prevention.

Our aim is to emphasise to the expectant mother the importance of being well supervised early in pregnancy in order to protect her from illness, prevent complications, and help her bring into the world a healthy baby.

Prevention: If the meaning and the importance of this one word, *prevention*, is grasped, much will be accomplished.

By prevention we mean (1) to watch and be watched, (2) to protect oneself and be protected, (3) to help oneself and be helped.

1. The first symptoms of pregnancy are, cessation of menstruation, changes in the breasts, morning sickness, and disturbances in urination. These symptoms are not positive, but they are sufficient to send you to your doctor. If he decides that you are pregnant, make your arrangements with him at this time, and as soon as possible afterwards engage your nurse. You will then have taken steps to safeguard yourself.

2. Protect yourself by reporting all discomforts as soon as they appear, no matter how slight they may be, and give full details.

As soon as these symptoms are reported, the doctor and the nurse will begin to protect you by giving you sound advice according to your discomforts, and in doing so will help to prevent complications, which sometimes cost the life of either one or both mother and baby.

3. Help yourself by following this advice no matter how simple it may appear to you in order to promote your own and baby's welfare. If you report to your doctor regularly throughout pregnancy, follow his advice, observe the simple rules of hygiene, and eat food that will properly nourish you and your baby, you have every reason to look forward to the birth of your baby with joy.

Minor Ailments are divided into two groups:

(1) Digestive disturbances: Nausea and vomiting, heartburn, flatulence and diarrhoea.

(2) Pressure symptoms: Swelling of the feet, varicose veins, hemorrhoids and shortness of breath.

Nausea and Vomiting:

Nausea and vomiting are the commonest disturbances of pregnancy, but the patient's mental attitude may be in part the cause. If you go through pregnancy unwillingly, if you fear going through it, this fear reacts on the nerves of the stomach, causing nausea and vomiting. Above all, don't worry! Worry interferes with your sleep and upsets your digestion much in the same way as wrong food. On the other hand, if you go through pregnancy happily, and you think that what is good for you is good for your baby, your physical condition will be benefitted by the experience; but even so you may have nausea and vomiting, due possibly to errors in diet. In that case be sure your diet is as it should be, then instead of taking three full meals a day try simple, light food, taken regularly in small quantities, five or six times daily, eaten slowly, masticated thoroughly; rest as much as possible, and spend part of every day in the open air. Rapid or over-eating may cause nausea and vomiting at any time, and particularly at this time. When the diet is satisfactory you may still have nausea and vomiting if you have fits of rage, brooding or any great emotional stress, consequently you want to live as normally as possible.

If morning sickness should occur try taking two or three hard unsweetened crackers immediately upon awaking, then lying still for half to three-quarters of an hour, then dress slowly, sit most of the time while doing so, then eat your regular meal. Lying flat without a pillow for half an hour after meals, or whenever the slightest symptoms of sickness appear, will at least greatly relieve the condition, if not entirely prevent it. Hot or cold applications on the abdomen may also give relief. This condition may be a danger signal, there-

fore consult your doctor and follow his advice.

Heartburn:

Heartburn, suffered by so many expectant mothers, has nothing to do with the heart. It is caused by too much acid in the stomach and is felt as a burning sensation in the stomach which rises into the throat. It can be prevented, as a rule, by attention to the ordinary rules of personal hygiene and observance of care in the diet. Avoid rich pastries, foods fried in deep fat, sweets, but eat foods that are easily digested. The daily bowel movement is an important factor. A tablespoonful of olive oil or cream or one-half cup of rich milk taken about fifteen minutes before meals and avoidance of fried or fatty foods at meals may help to control the condition. Fat taken into the empty stomach tends to inhibit the secretion of acid, while fat and fatty foods taken with meals tends to prolong their stay in the stomach, and this in turn stimulates the secretion of hydrochloric acid, the thing to be avoided. (Van Blarcom.) By taking a tablespoonful of lime water or a teaspoonful of sodium bicarbonate in water or by drinking any alkaline water you may also be relieved.

Flatulence:

Flatulence may and may not be associated with heartburn, but it is fairly common. It is caused by gas produced in the stomach and due to bacterial action in the intestines; the gas sometimes accumulates to a very uncomfortable extent. A daily bowel movement is of great importance. Avoid food that forms gas, such as parsnips, beans, corn, fried food, sweets of all kinds, pastry and sweet desserts. It is the opinion of some doctors that flatulence is sometimes an early symptom of toxemia.

Diarrhoea:

Diarrhoea, although not the commonest disturbance of pregnancy, is not infrequent, and is generally due to digestive troubles. It may also be due entirely to uterine pressure on an irritable intestine. It is regarded by some doctors as a possible symptom of toxemia, therefore watch your diet. It would be wise to go on a milk diet until you see your doctor.

Pressure Symptoms:

Pressure symptoms are due to the pressure of the enlarged uterus on the blood vessels returning from the lower part of the body, thus interfering with the flow of blood back to the heart. They may also be due to anything that interferes with the circulation, such as tight shoes, garters, belts, corsets, or any tight clothes.

Swelling of the Feet:

Swelling of the feet is very common and when very slight may not be serious. The swelling may be confined to the back of the ankle, which grows white and shining, or it may extend all the way up the leg to the thigh. Sitting down with your feet resting on a chair, or lying down with the feet elevated on a pillow will give a certain amount of relief. But you must remember that the swelling of your feet and ankles is one of the symptoms about which your doctor will want to be notified. For this reason you should promptly report to him and begin to measure and save your urine for examination.

Varicose Veins:

Varicose veins are not generally due to pregnancy, but they are among the pressure symptoms which frequently appear during the later months, particularly among women who have borne children. The enlargement of the veins is not usually serious, but it may cause a good deal of discomfort. Considerable relief may be obtained by keeping off the feet, by elevating them, and also by the use of elastic bandages.

Hemorrhoids:

Hemorrhoids are varicose veins which protrude from the rectum, but unlike those in the legs, are extremely painful. As it is the straining in constipation that causes these enlarged veins to protrude from the rectum, a daily movement is very important. A pregnant woman whose bowels move

freely every day very rarely has hemorrhoids. If in severe pain you will find relief in lying down with your hips elevated on one or two pillows and by applying cold cloths or ice bags to the rectum.

Shortness of Breath:

Shortness of breath is due to the upward, and not downward, pressure of the uterus. It is sometimes very troublesome towards the end of pregnancy. You will be relieved by sitting up or by being well propped up with pillows or back rest; the discomfort is worse when lying down.

Summary:

So you see the methods of prevention are not mysterious nor hard to carry out, and I hope I have made them clear enough for you to follow. Before closing, may I ask all of you ladies to join this, our little group for prevention, and with us watch, protect, help, in order to add health, which means wealth, to the inheritance of future generations.

INSTITUTE FOR PUBLIC HEALTH NURSES

The University of British Columbia and the Provincial Board of Health are departing from their usual custom of holding their Refresher Course for public health nurses during the Easter holiday. This year, it is being held on March 13th, 14th and 15th, 1930, in order that Miss Anita Jones, Assistant Director of the Maternity Centre Association of New York, may hold a Maternity Institute. This Institute includes four two-hour sessions. The programme includes a general discussion of the maternity situation and the part the nurse may play in improving maternity care generally; a detailed discussion of prenatal care; a brief review of delivery and post-partum care and a detailed discussion of mothers' classes with exhibits and demonstrations.

Brief addresses will also be given by local nurses on "Other approaches to the problems of Maternal Care", as illustrated by the Victorian Order of Nurses in Canada, the Plunkett Nurses in New Zealand, the Queen's Nurses in England.

Other speakers will include Dr. Wyman Pilcher, Dr. Chisholm, Dr. Hill, and Dr. McIntosh.

It is felt that this should be one of the most interesting Institutes that has ever been held. A cordial invitation is extended to nurses throughout the province to attend. The registration fee is two dollars for an individual nurse, or three dollars per member for an organisation. This latter provides the privilege of rotation. For an organisation with a number of nurses on the staff, this form of registration should prove a decided advantage as it allows an opportunity for all of the nurses to partake of some of the sessions.

Through the courtesy of the Vancouver General Hospital, all the sessions of the Institute will be held in the Chemistry Building.

THE SECOND CANADIAN CONFERENCE ON SOCIAL WORK

The Second All-Canadian Conference on Social Work will be held in the Royal York Hotel, Toronto, April 28th to May 1st.

Nearly one hundred million dollars is spent annually in the Dominion by public and private social agencies, it is estimated. Personal maladjustment of the individual to the community and community failure in its duty towards the individual are the causes of this stupendous expenditure.

Fully a thousand social workers from all parts of Canada are expected to come together in these four days, for the better understanding of social maladjustment, and the sharing of knowledge of methods of prevention and rehabilitation.

Some of the subjects to be discussed are: Child and Family Welfare; Immigration; Social Statistics; Social Work Publicity and Finance; Community Organisation; Delinquency Courts and Probation; Community Centres and Recreation; Industrial and Economic Problems; Recruiting and Training of Social Workers. Dr. W. E. Blatz, of the University of Toronto, will conduct a special study group on—"Behaviour Problems in Parent Education;" another study group will consider—"Problems of Family Case-work."

Open meetings will be held on the first three evenings, and the Conference will conclude with a banquet to be addressed by Mr. E. W. Beatty, President of the Canadian Pacific Railway and the Hon. Mr. G. Howard Ferguson, Premier of Ontario.

News Notes

BRITISH COLUMBIA

A quarterly meeting of the Graduate Nurses' Association of British Columbia was held on January 18th in the Vancouver General Hospital. Round table conferences of the three sections, Public Health, Nursing Education and Private Duty, were conducted from 2 to 4 p.m., after which the three committees joined to hear Professor Topping speak on "Some Standard Approaches to Modern Methods of Research". Professor Topping gave a most instructive and interesting lecture which was greatly enjoyed. At 8 p.m. a mass meeting of the session was held. After the reading of the minutes, Dr. Hamish McIntosh gave a most interesting history of the development of X-ray during the last twenty years. He said that there has been very little further advance during the last ten years, but pointed out the usefulness of X-ray in science. Several slides were shown which clearly illustrated the great work which X-ray does to help on medical progress. After Dr. McIntosh's address, the remaining business of the meeting was discussed and finished, and all the nurses were entertained by the Graduate Nurses Association of Vancouver to refreshments, which brought a very successful meeting to a close. There was a good attendance of graduates from Victoria, Nanaimo and Lower Mainland centres.

The Graduate Nurses' Association of British Columbia had the great pleasure of entertaining Miss A. W. Goodrich, Dean of the School of Nursing, Yale University, and Miss Mary Beard, Assistant Director of Medical Sciences of the Rockefeller Foundation, New York, who were in Vancouver before sailing for China. A delightful dinner was given in the Spanish Grill of the Hotel Vancouver. Miss Grace Fairley, recently appointed Superintendent of Nurses, Vancouver General Hospital, was also a guest of honour. Following the dinner, the assemblage was given an opportunity to meet the guests of honour at an informal reception. During the evening brief addresses were given by both Miss Goodrich and Miss Beard. Over fifty nurses were present to welcome the guests.

Miss Margaret E. Kerr, B.A.Sc. (British Columbia), A.M. (Columbia), was recently appointed to the teaching staff of the Department of Nursing, University of British Columbia. A graduate of the Degree Course in Nursing of the U.B.C., Miss Kerr held positions on the Provincial Public Health Nursing Staff; she was then awarded a Fellowship by the Rockefeller Foundation and spent a year at Columbia, as well as visiting outstanding centres of Public Health work on the Continent. Miss Kerr's appointment adds to the strength of the staff of the Nursing Department, and her help is also welcomed in nursing organisations.

VANCOUVER GRADUATE NURSES ASSOCIATION: The annual meeting was held on January 15th, in the Nurses Residence, Vancouver General Hospital. Miss M. P. Campbell, president, in the chair. After the general business and reading of reports of conveners of committees, the election of officers took place. A list of newly elected officers is published in the Official Directory. Miss Campbell was given a very hearty vote of thanks for her interest and work in the past year, after which the meeting adjourned to the rotunda where refreshments were served and a social time enjoyed.

MANITOBA

Completing a year which is considered outstanding in the history of the Manitoba Association of Registered Nurses, the Association held its annual meeting in the Parliament Buildings, Winnipeg, on January 28th, 1930.

An important decision, pending for some time, was made when the members approved a recommendation submitted that an educational adviser be appointed and financed for one year by the Association. The duties of such an advisor to be (a) Assisting to raise the standard of the schools of nursing in Manitoba, and (b) Assisting with teaching in the smaller schools whenever possible. The co-operation of the Provincial Department of Health and the Manitoba Hospital Association will be sought in having the services of an educational advisor retained at the end of one year.

Reports from the secretaries, registrar and conveners of committees showed a year of progress in matters of organisation, also in the work of the various social welfare organisations in which the Association is interested and to which monetary assistance and advice, when requested, are given.

Approval was given to an outline for a Minimum Standard Curriculum for use in the provincial schools of nursing. The printing of this curriculum is to be proceeded with as soon as possible.

The committee on legislation reported that several amendments to the Constitution and By-laws have been passed. Among these were (1) The change of the word "Graduate" to "Registered" in the name of the Association; (2) The raising of the minimum educational entrance requirements to schools of nursing in Manitoba from one year to two years high school standing; and (3) That in future members of the Association of Registered Nurses would be required to re-register annually. The fee for annual re-registration and membership in the Association will be $2.00.

Much appreciation was expressed for the work of Miss A. E. Wells, President for the past two years, and Miss E. Carruthers, who

resigned in December, 1929, as Registrar of the Manitoba Nurses' Central Directory, after a service of eight years.

Dr. Harvey Smith, of Winnipeg, President of the British Medical Association, and Mrs. Smith, were guests at a dinner meeting presided over by Miss C. Macleod, Vice-President. Dr. Smith gave a brief history of the British Medical Association and outlined plans as formulated at present for the annual meeting of the Association, which is to be held in Winnipeg next August.

Dr. Smith reported that among the many illustrious members of the medical profession who would attend this meeting was Lord Dawson of Penn, Medical Adviser to His Majesty King George V. The speaker besought the co-operation of the nurses, especially by assisting to obtain hospitality in billeting the overseas guests and in helping to interest everyone in this outstanding event in the history of medicine in Winnipeg and in Canada.

The Manitoba Association of Registered Nurses pledged itself to be of service to those in charge of arranging for this memorable meeting in whatever ways possible.

Mrs. J. F. Morrison, formerly Nursing Sister Clara Hood, R.R.C., a charter member of the M.A.R.N., was unanimously elected president for 1930. Mrs. Morrison has been appointed by Dr. Harvey Smith as a member of the honorary advisory committee of the British Medical Association annual meeting, 1930.

BRANDON: The monthly meeting of the Brandon Graduate Nurses' Association for February, was held at the home of Mrs. W. A. Bigelow. Dr. A. T. Coudell gave an interesting lecture on "New Things in Medicine". Miss F. Crozier gave an excellent report on the Manitoba Association of Registered Nurses annual meeting. Fifty dollars was donated to The Citizens' Welfare League, and $25.00 to The Children's Aid.

WINNIPEG GENERAL HOSPITAL: On Feb. 14, the Faculty and Intermediate class were hostesses at a Valentine dance, held in the Nurses residence. A large number of guests were present and a most pleasant evening was enjoyed by all.

NEW BRUNSWICK

HOTEL DIEU HOSPITAL, CAMPBELLTON: During 1929 a number of improvements were made at Hotel Dieu Hospital, including a new Nurses Residence, with accommodation for 40 which was opened on Easter Sunday, 1929.

During the summer of 1929, solariums were built on the west side of the Hospital. These have been plastered and heated and are now occupied. The first floor provides space for a class-room, autopsy room and private office. The second and third floors are used as wards for the children, the windows being of vita glass. The additional space thus afforded raises the capacity from 73 to 106 beds.

A new Sanborn Graphic Metabolism apparatus was donated to the laboratory by Dr. L. G. Pinault.

A Scialytic Light with separate batteries was installed in the operating room. This equipment provides for emergency light should the town power be cut off.

NOVA SCOTIA

HALIFAX: Owing to a similarity of names in members of the Class 1929, a slight error occurred in reporting the graduation exercises of the School of Nursing, Halifax Infirmary. The awards should have read—Gold medal for highest marks to Mrs. Edna Grace Browne; prize for greatest proficiency and general excellence to Miss Mary Kathleen MacDonell.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in February, 1930, were 1,282. Fifty-four more than in January, 1930.

APPOINTMENTS

HOSPITAL FOR SICK CHILDREN, TORONTO: Miss Dorothy Priestley (1926) to the staff, Infants' Hospital, at Vancouver; Miss Mary Ellis (1921) to the staff, Children's Village, Hartford, Conn.; Miss Joan McLaren (1927), floor-duty at the Rockefeller Institute, New York; Miss Kathleen Chamberlain (1926), teaching supervisor on the Infant Ward, H.S.C.; Miss Ida Dike (1929), night supervisor of Infant Ward, H.S.C.; Miss Edith Wilson (1926), in charge, Baby Surgical Ward, H.S.C.; Miss Florence Booth (1926), in charge, Infant Ward, H.S.C.; Miss Marguerite Waddell (1919), to the staff, Shriners' Hospital, Montreal; Miss Audrey Graham (1926), to the nursing staff, Red Cross Outpost, Bracebridge, Ont.

GENERAL HOSPITAL, KINGSTON: Miss Myrtle Clark (1928), to the staff, Brockville General Hospital; Miss Betty Houston (1928), assistant supervisor, Isolation Hospital, Kingston; Miss L. Bertrum, supervisor, Belleville General Hospital, Belleville, Ont.; Miss G. Scott (Belleville General Hospital), supervisor, Alexandra Hospital, Montreal, Que.

GENERAL HOSPITAL, TORONTO: Miss Mildred Mann (1919) has accepted a position in the Research Division of the Department of Psychology of the University of Toronto. Miss Emma McKinnon (1918) is to be the Social Service Nurse in the Cardiac and Neurological Clinics in the Out-Patient Department of the Toronto General Hospital. Miss Mary Fidler (1928) is at the Rockefeller Institute, New York. Miss Florence Kelsey (1923) is in New York doing floor duty at Sloanes Hospital. Miss Mosley (1928) has accepted a position on the Social Service Staff of the Toronto General Hospital.

DISTRICT 1

WINDSOR: The annual meeting of No. 1 District, Registered Nurses Association of Ontario, was held at the Prince Edward Hotel, Windsor, on January 11th, and was

attended by over two hundred nurses from all parts of the District. The Chairman, Miss Hilda Stuart, was presented with a handsome key of the City of Windsor by Mayor Jackson, who gave an address of welcome at the afternoon seession. The programme was a most varied and interesting one, and the Windsor nurses certainly lived well up to their reputation for hospitality. They were hostesses at a luncheon at the Prince Edward Hotel, and later at a tea. The Executive Committee for the ensuing year is: Chairman, Miss Nellie Gerard, Windsor; Vice-Chairman, Miss Priscilla Campbell, Chatham; Secretary-Treasurer, Mrs. Harrison Shanks, Sarnia; Councillors, Misses Anne Evans and Boyle, London; Mrs. Glennie Wilson, Strathroy; Miss Hastings, St. Thomas; Miss Ritchie, Petrolia; Miss Roy, Windsor; Conveners of Sections: Nursing Education, Miss Mary Jacobs, London; Public Health, Miss Mabel Hardie, London; Private Duty, Miss Hazel Hastings, St. Thomas; Nominating Committee, Miss Ethel Bobier, Walkerville.

VICTORIA HOSPITAL, LONDON: On January 21st, the Alumnae gave a benefit bridge in the auditorium of the Gartshore Residence. The room was very attractively decorated in purple and gold, the school colours. Miss Mary McVicar, with her committee, Misses Myra Hennigan and Della Foster, arranged the bridge at which there were forty tables. Refreshments were served after a very enjoyable evening.

During the latter part of 1929 the Alumnae made a revision in the Constitution and By-laws, this being the first revision made since the organisation of the Association in 1906. The Constitution is bound with a cover of the school colours, bearing on the front a design of the school pin.

The regular meeting was held on January 7th, when Mrs. J. F. Calvert gave an illustrated lecture of Algonquin Park, which was thoroughly enjoyed by those present. Mrs. Calvert had with her a large number of lantern slides, many of which she had tinted to the original shades and which added considerably to the interesting and instructive lecture.

Miss Katherine Beatty (1925), head nurse of the V.O.N. in Stratford, Ont., has tendered her resignation.

DISTRICT 5

WESTERN HOSPITAL, TORONTO: On January 14th an illustrated lecture and lantern slides of far-away Bolivia was the main feature of the regular Alumnae meeting. The speaker, Mrs. Wintermute, who is home on furlough with her husband, spoke of the handicapped work of the doctors in the thickly-populated area of the mission where they are stationed. There is not a graduate nurse; the only trained assistant is a nurse who is a graduate in obstetrical work only. She has many problems and must do the work of a graduate nurse, including vaccination of school children, etc.

Members of the Alumnae will be interested in the resignation of Major A. C. Galbraith, superintendent for the past six years of the Toronto Western Hospital, who will become General Manager of the Excelsior Life Insurance Co., Toronto. The nurses are glad to know Mr. Galbraith will not entirely sever his connection with the hospital, as he has been elected one of the Governors of the Hospital Board. Mr. A. J. Swanson, assistant to Mr. Galbraith for the past five years, has accepted the vacancy and will become superintendent.

Miss Mary Ayres (1924), who had the misfortune to lose the sight from both eyes about two years ago, and believed by best specialists to be a permanent affliction, has taken charge of the news stand installed in the waiting-room of the Toronto Western Hospital by the Ontario Institute for the Blind.

Miss Phyllis Sutton (1920), night supervisor of the main building, and Miss Imogene Smith (1922), are on a five weeks' cruise to the West Indies.

Miss Jessie Douglas (1919), who was so very ill one year ago, is spending the winter in California.

Miss Elizabeth McDiarmid (1910), who has had charge of a hospital at Copper Cliff, Ont., has resigned and accepted a similar position with the Sun Life Insurance Co., Toronto.

Miss Mary McCamus (1920), who recently resigned from Jeffery Hale's Hospital, Quebec, has been appointed theory instructor at the Hospital for Sick Children, Toronto.

HOSPITAL FOR SICK CHILDREN, TORONTO: Miss L. Bewes and Miss Rogers (1928) are doing private duty in New York; Miss Mary Wattsford (1929) is doing private duty in Ottawa; Miss Mary Leslie (1924) is doing private duty in Toronto; Miss Olga Jean Johnston (1926) has gone to England for three months; Miss Ida Barry (1918) has returned to Toronto from Long Beach, Cal., where she has been nursing for some time; Miss Doris Bailey (1929) is at the Montreal General Hospital, where she is taking a course in O.R. technique.

An informal party, taking the form of a shower of Christmas cheer for the needy families connected with the Out Patients' Department, was held in the Nurses' Residence on December 10th, 1929. The donations were generous and a pleasant social evening was enjoyed by a large number of the alumnae members and the senior pupils of the school.

The deep sympathy of the Alumnae is extended to Misses Alice Vernon (1926), Irene Wilson (1928), and Mrs. Alan Field (Eleanor Armstrong, 1928), who have each lost their mother through death recently; also Mrs. H. C. Graham (Gladys Smith, 1920), whose father, Mr. A. A. Smith, died at Millbrook on December 23rd, 1929.

DISTRICT 6

GENERAL HOSPITAL, BELLEVILLE: A most enjoyable afternoon tea was given by Miss F. McIndoo, superintendent, to the graduate nurses of Belleville. Miss McIndoo was assisted by Miss A. Earl and Miss L. Bertrum.

PETERBOROUGH: In December the Alumnae of Nicholl's Hospital enjoyed a banquet, served in the Empress Hotel. Covers were laid for forty-five guests, with the decorative scheme in the Hospital colours, gold and purple. Toasts and musical numbers were given and bridge was played after the dinner.

DISTRICT 7

KINGSTON: The annual meeting of District No. 7, R.N.A.O., was held in the Nurses' Residence, Kingston General Hospital, on January 27th. Miss Acton, the president, was in the chair. Reports from the various sections were read, and the new officers for the year appointed. Miss O. M. Wilson was chosen as delegate from the District to the annual meeting, R.N.A.O., to be held in Toronto in April.

Miss I. M. MacIntosh of Hamilton, convener of the Private Duty Section of the Province, was present, and gave a very instructive and interesting paper on Group Nursing. She explained its object and how it affected hospital administration, the patient, the doctor and the nurse. Following a discussion of this subject the meeting adjourned.

The nurses of the District entertained Miss MacIntosh at dinner at the Badminton Club in the evening.

GENERAL HOSPITAL, KINGSTON: Misses Gladys McBroom and Hazel Gates (1928) are at the Post-Graduate Hospital, New York City, on general duty. Misses Anne Stinson, Pearl Hamilton and Grace Keyes (1929) are doing general duty at the New Rochelle Hospital, New Rochelle, N.Y.

DISTRICT 8

OTTAWA: Nurses of District No. 8, R.N.A.O., were privileged to have as the main speaker at their annual meeting on January 30th. Dr. G. M. Weir, Director of the Survey of Nursing which is being conducted in Canada at present. Dr. Weir delighted his large audience with an extremely interesting and forceful presentation of facts in regard to the Survey, and made a strong plea for the greatest possible degree of co-operation by the nurses of the District.

At the business meeting held the same day, satisfactory reports of the year's work were presented and the following officers elected:, Chairman, Miss Alice Ahern; Vice-Chairman, Miss Dorothy M. Percy; Secretary-Treasurer, Miss Grace Tanner; Councillors, Misses Stewart, Pepper, Lewis, Slinn, Grace Woods, Hodgins. A very hearty vote of thanks was tendered the retiring officers, and in particular, Miss Gertrude Garvin, retiring Chairman, for the excellent manner in which she had guided the affairs of the District over several years.

CIVIC HOSPITAL, OTTAWA: The Alumnae held its first annual meeting on January 24th in the Reception Room of the Nurses' Residence. A list of officers elected for 1930 is published in the Official Directory. Satisfactory reports were submitted by the conveners of the various committees. The treasurer reported a substantial balance in the treasury. During the evening Miss Bennett addressed the graduates briefly on the responsibility of the individual nurse toward the various nursing organisations in Canada.

The Alumnae sponsored a delightful dance held at the Chateau Laurier on January 22nd. Attended by close on 600 guests, the event proved to be very enjoyable indeed. Receiving with Miss Gertrude Bennett, superintendent of nurses, were Mrs. J. H. King, wife of the Honourable Dr. J. H. King, Minister of the Department of Pensions and National Health, Mrs. T. H. Leggatt, and Mrs. G. W. Dunning, President of the Alumnae; an excellent orchestra provided music for the dancing in the ballroom, and at midnight buffet supper was served in the Jasper Room.

The committee on arrangements included Misses Dorothy Moxley, Evelyn Pepper, Margaret McCallum, Dorothy Burgess, Elizabeth Curry, Berdanette Smith, Gladys Moorehead and Mrs. G. W. Dunning.

GENERAL HOSPITAL, OTTAWA: The regular monthly meeting of the Nurses' Alumnae, which was largely attended, was held in the Nurses' Residence on February 7th, 1930.

Miss Juliette Robert presided and introduced the speaker of the evening, Mrs. M. J. Lyons, National President of the Catholic Women's League, who gave the nurses a most interesting paper on Citizenship. A hearty vote of thanks was moved to the speaker by Miss A. C. Kilduff, and seconded by Miss K. Healy.

After the business meeting a very happy social hour was enjoyed; tea was served by the junior students of the D'Youville Training School.

Miss Viola Foran (1926) has taken a position at The Park East Hospital, New York.

Miss Isabel McElroy (1905), night supervisor at the Ottawa General Hospital, is absent for a month's rest.

DISTRICT 10

FORT WILLIAM: The regular meeting of District No. 10, R.N.A.O., was held in the Nurses' Residence, McKellar General Hospital, on February 6th, 1930. This meeting took the form of a social evening. A very interesting letter was read from Miss P. L. Morrison, who is now in Washington, D.C.

The Fort William members of District No. 10, R.N.A.O., held a most successful tea and musicale on Saturday, January 20th. 1930, in the Nurses' Residence. McKellar General Hospital. The proceeds amounted to $76.00.

On Saturday, February 1st, the Port Arthur members of District No. 10, R.N.A.O., had a tea and musicale in the lecture room of St. Joseph's Hospital. Fifty dollars was realised.

MCKELLAR GENERAL HOSPITAL: The regular monthly meeting of the Alumnae was held at the home of Miss Eva Hubman. The guest of the evening was Mrs. T. B. Lund (formerly Nina Betts) of Winnipeg.

A design for an Alumnae pin has been chosen and a number of pins purchased.

Miss Doris Dow (1920) has gone to Victoria, B.C. Miss Gladys Austin (1926)

and Miss Louise McGogy (1929) have been engaged for general duty at the Vancouver General Hospital.

GENERAL HOSPITAL, PORT ARTHUR: The members of the Alumnae held a bridge on February 4th to raise funds to assist in furnishing a ward in the recently opened new General Hospital.

Former graduates of the Port Arthur General Hospital will be interested to learn that on January 27th the new hospital was formally opened with befitting ceremonies. Miss Mary J. Fraser, at one time Superintendent of Nurses of the Regina General Hospital, has been appointed superintendent of the new hospital.

QUEBEC

The annual meeting of the Association of Registered Nurses for the Province of Quebec was held in Montreal on January 27th and 28th, 1930. Each session was well attended, and reports of secretaries and conveners of committees showed satisfactory progress for 1929.

The programme was interesting and instructive. Among the speakers were Miss E. I. Johns, Director of Studies, Committee on Nursing Organisation of New York City Hospital, who spoke on Modern Trends in Nursing; Dr. C. F. Martin, Dean of the Medical Faculty, McGill University, discussed The Nursing Profession and Some of Its Problems; while Monsieur L'Abbe Emile Lambert's address was on The Moral Influence of the Nurse. The Private Duty Section had Miss Palliser present Standardisation of Hours and Fees; Miss E. L. Smellie, Chief Superintendent of Victorian Order of Nurses, spoke to the Public Health Section on Health Education while the Nursing Education Section dealt with Ward Teaching by Miss Martha Batson, nurse in charge of Teaching Department, Montreal General Hospital. This subject was ably discussed by Miss Eileen Flanagan, Supervisor of Nurses, Royal Victorian Hospital, Montreal.

GENERAL HOSPITAL, MONTREAL: Miss Ethel Johns, Director of Studies, Committee on Nursing Organisation of the New York Hospital, was the guest of Miss Holt while in Montreal, when she addressed the Registered Nurses for the Province of Quebec at their annual meeting in January.

Miss Strum, First Assistant, Montreal General Hospital, is at present visiting her home, Mahone Bay, N.S.

Mrs. Mabel McRae (1924) has accepted a position in the Orleans Memorial Hospital, Newport, Vermont.

The sympathy of the Association is extended to Miss Helen Tracy in the loss of her father, and to Mrs. S. Kerr (Bertha McDonald, 1919) in the loss of her husband.

CHILDREN'S MEMORIAL HOSPITAL, MONTREAL: Recent Appointments: Miss M. M. Watson (1923), assistant superintendent, Shriners' Hospital at Springfield, Mass.; Miss A. Thompson (1926), on the staff of the University Hospital, Edmonton, Alta.; Miss M. Wilson (1929), on the staff of the V.O.N., Montreal; Miss R. Tinkiss, the staff of the R.V.M.M.H.; Miss V. LeDrew, the staff of the C.M.H.

The annual meeting of the Alumnae was held on January 6th, 1930. The following officers were elected for 1930: Hon. President, Miss A. S. Kinder; President, Mrs. F. Martin; Vice-President, Miss E. M. Hillyard; Secretary, Miss G. R. Murray; Treasurer, Miss M. M. Flander; Sick Visiting Committee, Miss R. Miller, Miss C. Feron; Programme Committee, Miss R. Patterson, Miss R. Tinkiss; Members of Executive, Miss R. Osborne, Miss G. Gough; Representative to Private Duty Section, Miss A. Adlington; Representative to "The Canadian Nurse," Miss D. Parry.

At the recent monthly meeting of the Alumnae Miss M. Samuels gave a very interesting talk on "Alumnae Associations". The speaker stated that the Alumnae Association was the open door to opportunity, but while that door stood open to every nurse, there were certain obligations and privileges which each nurse should take upon herself. These obligations could only be carried out by the united efforts of all members. The spirit of Service should be foremost in the Alumnae; the older graduates giving their co-operation, friendship and interest to the younger graduates as an Alumnae Association needs the more recent knowledge and the youthful enthusiasm of the younger nurse. This was followed by a short address on "Thrift," by Mrs. Amy B. Hilton, who was for ten years Director of the Social Service of the Children's Memorial Hospital.

HOMOEOPATHIC HOSPITAL, MONTREAL: The Hon. President, Mrs. H. Pollock, spent three weeks of the month of January in St. Petersburg, Florida.

A very interesting lecture on Infant Mortality was delivered by Dr. J. R. Goodall at the February monthly meeting.

SASKATCHEWAN

CITY HOSPITAL, SASKATOON: The City Hospital Alumnae held a reception in the Nurses Home, on January 25th, 1930, in honour of Miss Gertrude Watson, newly appointed Superintendent of Nurses.

Members of the Alumnae enjoyed a sleighing party on January 13th, afterwards going to the home of Mrs. H. J. Pulley where a very pleasant evening was spent.

GENERAL HOSPITAL, REGINA: The annual meeting of the Alumnae which was held on January 14th was well attended. The various reports for the year showed marked progress in the work of the Association.

Arrangements were made for a tea which was held on February 8th at the home of Miss Muriel Taylor where over 250 guests were entertained.

The best wishes of the Alumnae members are offered to a number of graduates who have been married recently.

VICTORIAN ORDER OF NURSES

The annual meeting of the Staff Nurses' Association of the Ottawa Branch of the Victorian Order of Nurses was held at the District Office on January 24th. The following officers were elected for 1930: President, Miss E. Stevenson; Secretary, Miss I. Norton; Treasurer, Miss H. Latimer; Convener, Miss H. Stuart.

Miss Dell MacGregor, District Superintendent, spoke briefly on the purpose and value of the weekly conferences of the staff nurses. Later in the afternoon, Miss Maude Hall, Assistant Superintendent of the Order, addressed the nurses most interestingly on various phases of the work in other centres of the Victorian Order. Representatives from the Board of Governors of the Ottawa Branch were present, together with a number of school nurses and others.

C.A.M.N.S.

Many will regret to learn of the death of Nursing Sister Agnes Balfour Davis, which occurred at her home in Inglewood, California, on January 10th, 1930. Sister Davis, who was ill for over two years, will be remembered by her associates for her faithful, cheerful service, especially at Bulford Manor, Salisbury, in 1914.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BURGAR—On December 23rd, 1929, at Toronto, to Mr. and Mrs. John Hamilton Burgar (Ada Belle Kennedy, Toronto General Hospital, 1918), a daughter.

BURLEIGH—On December 21st, 1929, at Kingston, to Dr. and Mrs. H. C. Burleigh (Dorothy Howard, Kingston General Hospital), of Newton Falls, N.Y., twin sons, Peter and John.

DORAN—On January 7th, 1930, in Toronto, to Mr. and Mrs. Edward Doran (Isabelle Atkins, Kingston General Hospital, 1920), a son.

EASTON—Recently at Winnipeg, to Mr. and Mrs. E. Easton (Dagny Morlmborg, McKellar Hospital, Fort William, 1921), a son, Thomas Oliver.

ETHIER—In January, 1930, to Mr. and Mrs. A. Ethier (E. Tulloch, Belleville General Hospital, 1928), a son.

HANLEY—On January 19th, 1930, at Toronto, to Dr. and Mrs. Jim Hanley (Ruth Bawdin, Toronto General Hospital, 1918), a son.

HOLMES—Recently to Mr. and Mrs. Holmes (Aline Poitras, Ottawa General Hospital, 1923), a son.

HULL—In December, 1929, to Mr. and Mrs. Spurgeon Hull (Louise Raephal, Vancouver General Hospital, 1920), a son.

LITT—On January 9th, 1930, at Stratford, Ont., to Mr. and Mrs. Carl Litt (Mary Himphent, Stratford General Hospital), a daughter.

LOUGHLIN—On February 2nd, 1930, at Carberry, Man., to Dr. and Mrs. L. J. Loughlin (Gertrude McMichael) a daughter.

ROGERS—In January, 1930, at Kirkland Lake, Ont., to Mr. and Mrs. Rogers (Helen Skey, Toronto General Hospital, 1922), a daughter.

SHREVE—In November, 1929, at Halifax, N.S., to Mr. and Mrs. R. R. Shreve (Edith Glass, Jeffery Hale's Hospital, Quebec, 1918), a son.

STACEY—On January 6th, 1930, at Vancouver, B.C., to Mr. and Mrs. Leonard Stacey (Peggy Cook, Vancouver General Hospital), a son.

THOMPSON—On October 30th, 1929, at Toronto, to Mr. and Mrs. Thompson (Margaret Bing, Grant MacDonald Training School, Toronto), a son.

MARRIAGES

ALLEN—BENSON—On December 3rd, 1929, Agnes Jennie Benson (Regina General Hospital, 1928), to Harry Stanley Allen, of Regina, Sask.

ARMSTRONG—BLACKHOD—On February 8th, 1930, Alice Jean Blackhod (Regina General Hospital, 1927), to Thomas Harold Armstrong, of Lake Alma, Sask.

ASCAH—LEMESURIER — On January 27th, 1930, at Peninsula, Gaspe, Elsie Lemesurier (Jeffery Hale's Hospital, Quebec, 1927) to Hubert Ascah.

BALFOUR—MacDONALD — On October 29th, 1929, Goldie Koradine MacDonald (Regina General Hospital, 1925) to William Eric Balfour of Regina, Sask.

BEATY—CARHART—On December 28th, 1929, Ruth Carhart (Toronto General Hospital, 1925), to George Ramsey Beaty. At home, New York.

BULKIS—STERN—On September 10th, 1929, Sarah Stern (Woman's General Hospital, Montreal, 1927) to Alexander Bulkis, of Montreal.

CASWELL—LEVEIGNY—In November, 1929, at Montreal, Elsa Leveigny (Montreal General Hospital, 1919), to H. D. Caswell.

CHERRY—BOWEN—On December 6th, 1929, at Detroit, Mich., Helen A. Bowen (Belleville General Hospital, 1927), to C. Cherry, of Detroit.

COOK—EWING—On January 2nd, 1930, at Bedford, P.Q., Grace Irene Ewing (Montreal General Hospital, 1918), to Rueben Cook, of Peace River, Alta.

DALZELL—DOMOUCHEL—On January 18th, 1930, Muriel Domouchel (City Hospital, Saskatoon, 1928) to Thomas Dalzell.

DOUGLAS—MONEY—On December 11th, 1929, at Stratford, Ont., Edith A. Money (Stratford General Hospital, 1924) to Dr. Murray Scott Douglas, of Windsor, Ont.

GILLIS—DUNLOP—Recently in Vancouver, Inez Dunlop (Vancouver General Hospital), to Dr. A. F. Gillis, of Merritt, B.C.

KENDALL—KENNEDY—On December 27th, 1929, Vera Jean Kennedy (Hospital for Sick Children, Toronto, 1927) to Garnett Kendall, of Toronto.

KIDD—JONES — Recently at Belleville, Ont., Ruth Jones (Belleville General Hospital, 1922) to Arthur Kidd.

MAIN—PROCTOR — On January 18th, 1930, at New York, Constance Proctor (Hospital for Sick Children, 1926) to Orren W. Main, of Montclair, N.J.

MARSH—OWEN—On December 25th, 1929, at Warkworth, Ont., Maude Owen (Toronto General Hospital, 1923), to Stanley Howard Marsh. At home, Montreal.

MOFFAT—SMALL—On December 28th, 1929, at Windsor, Ont., Beryl Small (McKellar Hospital, Fort William, 1928), to Harold Moffat. At home, Sioux Lookout, Ontario.

McCUTCHEON—BENSON — On November 8th, 1929, at Barrington, P.Q., Rose Jane Benson (Woman's General Hospital, Montreal, 1925) to Marshall Atkinson McCutcheon, of Erin, Ont.

McFAYDEN—MUMA — On January 22nd, 1930, at Winnipeg, Ellen Gertrude Muma (Hamilton General Hospital, 1913) to Alexander McFayden, of Shoal Lake, Man.

McGOWAN—WEATHERBIE — On February 1st, 1930, at Quebec, Lorna E. Weatherbie (Jeffery Hale's Hospital, Quebec, 1929) to Murdoch McGowan, of Kilmuir, P.E.I.

MacLEOD—BURROW — On November 9th, 1929, at Yorkton, Jane Isabelle Burrow (Regina General Hospital, 1926) to Malcom R. MacLeod, of Regina, Sask.

PAPINOFF—McKAROFF — On January 24th, 1930, Lucy McKaroff (City Hospital, Saskatoon, 1927) to John Papinoff.

PETERS—RUSSENHOLT — On November 30th, 1929, Drusilla Alma Russenholt (Regina General Hospital, 1928) to Jacob L. Peters, of Meadow Lake, Sask.

PUDDEN—SPENCE—On December 4th, 1929, at Fort William, Ont., Dorothea Spence (McKellar Hospital, Fort William, 1929), to Albert Pudden.

ROSS—BREWSTER—On January 4th, 1930, Marion Brewster (Toronto General Hospital, 1925), to Dr. Alexander Cameron Ross. At home, Kapuscasing, Ontario.

SANDELL—LE MESIEUR — On February 5th, 1930, Eileen Millicent Le Mesieur (Regina General Hospital, 1928) to Edmund Gordon Sandell, of Regina, Sask.

SMITH—STREIB—On January 15th, 1930, Mary Belle Streib (Regina General Hospital, 1925) to John Keith Smith, of Winnipeg, Man.

TAYLOR—POWELL — On December 4th, 1929, Isabel Powell (Regina General Hospital, 1919) to S. T. R. Taylor, of Regina, Sask.

WARMAN—BERTOIS—On December 31st, 1929, at Long Beach, California, Lillian Bertois (Vancouver General Hospital), to Lieutenant Jonathan H. Warman, U.S.A.

WELLAND—SEALE — On December 28th, 1929, at Quebec, Marion Seale (Jeffery Hale's Hospital, Quebec, 1927) to Orton Welland, of Montreal.

WERNER—BOWER — On December 25th, 1929, at Sydenham, Ont., Flora Anone Bower (Kingston General Hospital, 1926) to W. H. Reginald Werner, B.Sc., of University of Michigan, Ann Arbor, Mich.

WHITE—DAVESON — On December 28th, 1929, at Toronto, Olive Daveson (Nicholls' Hospital, Peterborough, 1926) to Roy White, of Sudbury, Ont.

DEATH

MacPHERSON—On February 2nd, 1930, at Brantford, Ont., Eleanor Margaret MacPherson (Toronto General Hospital, 1927), aged twenty-six years.

THE CANADIAN NURSE

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SUPERINTENDENT OF NURSES

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA
(Incorporated 1918)

An examination for the title of Registered Nurse of British Columbia will be held April 30th, May 1st and May 2nd, 1930. Names of candidates wishing to take this examination must be in the office of the Registrar not later than March 31st, 1930.

Full particulars may be obtained from:

HELEN RANDAL, R.N.
REGISTRAR,
118 Vancouver Blk., Vancouver, B.C.

Association of Registered Nurses for Province of Quebec

EXAMINATIONS for Qualification as REGISTERED NURSE in the Province of Quebec will be held in Montreal and elsewhere on April 28th, 29th and 30th, 1930. Those wishing to write must apply for forms and other information to the Registrar, and these forms must be returned to the Office before March 31st, 1930. **No name will be considered after that date.**

The Board of Management of the Association is again prepared to offer a Scholarship of $250.00 for a Post-Graduate Course at the School for Graduate Nurses, McGill University, Montreal. Applications for this Scholarship must be sent to the Registrar before June 1st, 1930. **No name will be considered after that date.**

E. FRANCES UPTON: Executive Secretary and Registrar,
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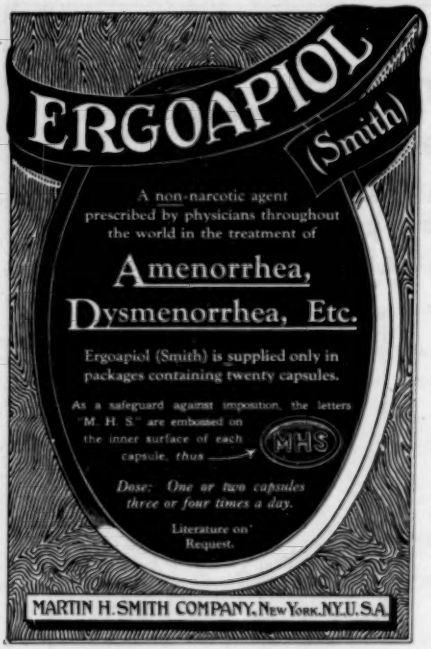
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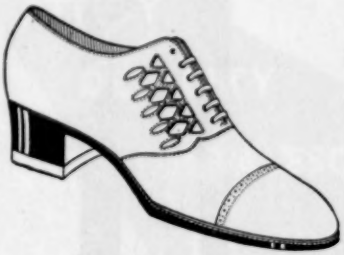

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